California Department of Health Care Services

Report to the Legislature:
Medi-Cal Electronic Health Record Incentive Program
(October 2011 through June 2016)

Prepared by:
Office of Health Information Technology

July 2016

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Executive Summary

This report is prepared in compliance with Senate Bill 945 (Committee on Budget, Chapter 433, Statutes of 2011), Welfare and Institutions Code, Section 14046.5.

In 2009, as a result of the American Recovery and Reinvestment Act (ARRA) of 2009, Title XIII of Division A and Title IV of Division B of ARRA of the Health Information Technology for Economic and Clinical Health (HITECH) Act, the Office of Health Information Technology (OHIT) was created within the California Department of Health Care Services (DHCS), to administer the Medi-Cal Electronic Health Record (EHR) Incentive Program (Program). In accordance with the HITECH Act, the Program will operate from 2011 through 2021. This report constitutes a mid-point review for the Legislature and covers the Program's activities from October 2011 through June 2016.

OHIT implemented the Program in October 2011, and as of June 2016, has provided $511 million in federal funds to 20,548 professionals and $710 million in federal funds to 285 hospitals for the adoption, implementation, upgrade (AIU) and meaningful use (MU) of EHR technology. These incentive payments to California Medi-Cal professionals and hospitals exceed those of any other state. Studies carried out by the University of California, San Francisco (UCSF) have demonstrated the Program is attaining its objective of promoting the meaningful use of EHRs by Medi-Cal professionals and hospitals, which has contributed to the increased use of EHRs by health professionals in California.[1]

Up to 8,000 professionals that may be eligible for the Program have yet to apply. In October 2015, DHCS implemented the California Technical Assistance Program (CTAP) to assist eligible Medi-Cal professionals, including specialists and individual practitioners, in participating in the Program and achieving AIU and MU. As of June 2016, over 5,000 eligible professionals have enrolled in the CTAP. Of the remaining Medi-Cal hospitals that may be eligible for the Program, only 19 have not yet applied which represent less than seven percent of all Medi-Cal hospitals. DHCS is conducting outreach to these hospitals, as the deadline for beginning participation in the Program is end of calendar year 2016.

Professionals have found providing documentation of eligibility for the Program to be challenging, but DHCS addressed this by receiving permission from the Centers for Medicare and Medicaid Services (CMS) to "prequalify" many professionals and clinics by using existing data available from Medi-Cal claims payments and encounters, and from the Office of Statewide Health Planning and Development. DHCS and its contractor, Xerox, have been challenged by frequent changes to the Program issued by CMS via

[1] Coffman, J. M., Fix, M., Hulett, D., Kang, T., & Bindman, A. B. (2014). [Availability of Electronic Health Records in California Physician Practices, 2013]. Unpublished draft.

Final Rule modifications. These changes have required extensive reprograming of DHCS's State Level Registry, a web portal developed to accept applications from professionals and hospitals. Although these changes have delayed applications by professionals and hospitals in some cases, the changes have not prevented any from applying for, or receiving the incentive payments to which they are entitled.

If you would like a printed copy of this legislative report or have questions about the report, please contact the Medi-Cal EHR Incentive Program, by phone at (916) 552-9181 or by email at Medi-Cal.EHR@dhcs.ca.gov.

Report to the Legislature:
Medi-Cal Electronic Health Record Incentive Program

Introduction

This report is submitted in accordance with the provisions of Senate Bill 945 (Committee on Budget, Chapter 433, Statutes of 2011) which added Welfare and Institutions Code Section 14046.5, to require the Department of Health Care Services (DHCS) Office of Health Information Technology (OHIT) to provide the appropriate fiscal and policy committees of the Legislature and the Legislative Analyst's Office with annual reports on the implementation of this article. These reports shall be provided within 30 days of the close of each fiscal year, commencing July 1, 2012, and continuing throughout the life of the Medi-Cal Electronic Health Record (EHR) Incentive Program (Program). Although the law required an annual report, the necessary data was unavailable for timely reporting so DHCS has prepared a report that offers a midpoint review of the Program. Now that DHCS has established the mechanism for data collection and reporting, DHCS will publish this report annually beginning July 2017. In accordance with the Health Information Technology for Economic and Clinical Health (HITECH) Act, the Program will operate from 2011 through 2021. As such, this report constitutes a mid-point review of program details from October 2011 through June 2016. The law further requires that the report is to be prepared with a project status summary that identifies the progress or key milestones and objectives of the Program; an assessment of provider uptake of the Program, barriers faced by eligible providers not participating in the Program and strategies to address those barriers; copies of reports or updates developed by DHCS for submission to the federal government relating to the Program; copies of oversight reports developed by DHCS contractors and any subsequent responses from DHCS; and a description of changes made to the Program, including those required by federal law or regulations.

Program History

The OHIT was created in 2010 to implement and administer the Program, which was established under the American Recovery and Reinvestment Act (ARRA) of 2009. Title XIII of Division A and Title IV of Division B of ARRA, together cited as the HITECH Act, include provisions to promote meaningful use (MU) of Health Information Technology (HIT) to improve the quality and value of American health care. DHCS issues incentive payments to Medi-Cal professionals and hospitals that adopt, implement, upgrade (AIU) and meaningfully use certified EHR technology. The Office of the National Coordinator within the U.S. Department of Health and Human Services provides certification of EHRs. Program eligibility is determined by meeting specific objectives and measures as defined by the Centers for Medicare and Medicaid Services (CMS). A separate, but comparable EHR Incentive Program is administered by CMS for Medicare professionals and hospitals. While Eligible Hospitals (EH) may participate in both the Medicaid and

Medicare EHR Incentive Programs, Eligible Professionals (EP) are limited to participation in only one of the two programs.

The Medicaid incentive payments are 100 percent federally funded, and the Program's administrative costs are funded at 90 percent federal funds. At this mid-point review of the Program, DHCS' OHIT has distributed $1.22 billion in federal funds to Medi-Cal professionals and hospitals. The distribution of these federal funds into the state required less than $1 million in state fund expenditures. Over the course of the Program, DHCS estimates it will provide up to $2 billion in incentive payments to EPs and EHs, and California will benefit from an additional $2.3 billion in economic output and 16,000 new jobs as a result of the influx of federal funds. [2]

Professionals (physicians, dentists, optometrists, certified nurse midwives, nurse practitioners, and physician assistants) can qualify for incentive payments if at least 30 percent of their encounters during a 90-day period in the previous calendar year are Medicaid encounters (this threshold is 20 percent for pediatricians). To increase qualification and participation among Medi-Cal professionals, California instituted a group encounter methodology that enables professionals in a group or a clinic to aggregate the encounters of all professionals in their group. This enables those professionals who may not otherwise achieve the 30 percent Medicaid encounter threshold on their own, to achieve eligibility by employing the aggregate encounters of their group or clinic. Medicaid professionals who qualify and meet the requirements for AIU and MU can receive a total of $63,750 in incentives that are distributed in payments over six years. Pediatricians qualifying with only a 20 percent Medi-Cal patient volume receive reduced payments totaling $42,502 over six years. Professionals must qualify and apply each year to receive a payment.

Hospitals are able to qualify for incentive payments if at least ten percent of their discharges during a 90-day period in the previous federal fiscal year are Medicaid discharges, and their average length of stay is less than or equal to 25 days (children's hospitals automatically qualify and do not need to meet these requirements). Medicaid hospitals that qualify for the Program receive incentive payments that are adjusted up or down from a base of $2 million in total, depending on the hospital discharge data. Hospitals are paid this adjusted total over four years and must qualify each year to receive a payment.

MU of EHRs is defined by CMS in stages of objectives and measures, with each stage of MU more challenging to attain than the previous stage. Each stage requires more Health Information Exchange (HIE) across care settings. Professionals and hospitals spend two years in Stage 1 MU, before progressing to Stage 2 MU. Stage 2 MU became available in 2014 and Stage 3 MU will become available in 2017. Although the Program continues through the end of 2021, professionals and hospitals must begin participation by the end of 2016.

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[2] Blue Sky Consulting Group, "The Fiscal and Economic Impacts of the Medi-Cal EHR Incentive Program," http://www.chcf.org/publications/2012/05/impacts-medical-ehr-incentives (last accessed 2/6/2015)

Program Objectives

The following are the primary goals of the Program:

By the end of 2021---

- All Medi-Cal professionals eligible for the Program will have attested to AIU of certified EHRs in their practices and attested to MU.
- All California hospitals eligible for the Program will have attested to AIU of certified EHRs in their practices and attested to MU.
- At least 50 percent of EPs will have attested to Stage 3 of MU.
- At least 80 percent of EHs will have attested to Stage 3 of MU.

Program Timeline

OHIT, in partnership with Xerox and with input from stakeholders, developed the State Level Registry (SLR), a web-based portal through which professionals and hospitals can apply to the Program by creating a secure account and supplying the information required for the state to determine eligibility. The SLR began operating October 2011 and has been modified several times to accommodate changes in federal regulations.

The following is a list of important milestone dates in the history of the Program:

- October 2011 – The SLR is launched and the state begins accepting hospital AIU applications
- November 2011 – The SLR begins accepting group and clinic AIU applications
- December 2011 – The SLR begins accepting individual professional AIU applications
- December 2011 – DHCS begins issuing the first incentive payments
- September 2012 – The SLR begins accepting Stage 1 MU applications
- October/November 2013 – The SLR is updated to reflect CMS changes to Stage 1 2013 (see http://www.gpo.gov/fdsys/pkg/FR-2010-12-29/pdf/2010-32861.pdf); See Program Change Descriptions below.

- June/September 2014 – The SLR is updated to reflect CMS changes to Stage 1 2014 (see http://www.gpo.gov/fdsys/pkg/FR-2010-12-29/pdf/2010-32861.pdf); See Program Change Descriptions below.

- June 2014 – The SLR begins accepting Stage 2 MU applications from hospitals

- September 2014 – The SLR begins accepting Stage 2 MU applications from professionals

- September 2016 – Anticipated date the SLR will begin receiving Modified Stage 2 MU applications

- April 2017 – Anticipated date the SLR will begin receiving Stage 2 applications for 2017

- August 2017 – Anticipated date the SLR will begin accepting Stage 3 applications.

Program Change Descriptions

Stage 1 Changes

The Stage 1 Final Rule[3] was published on July 10, 2010 and included the requirements for AIU and Stage 1 MU. On September 4, 2012, CMS issued the Stage 2 Final Rule[4] which instituted changes to the Stage 1 Final Rule to be done in two parts: the *Stage 1 2013 Changes* were to be implemented beginning in Program Year 2013; the *Stage 1 2014 Changes* were to be implemented beginning in Program Year 2014.

- **2013 Changes**
  CMS published changes to Stage 1 MU for 2013 that modified the professional and hospital requirements for eligibility and achieving MU. The SLR was updated to reflect the new requirements in October 2013 (EHs SLR module) and November 2013 (EPs SLR module).

- **2014 Changes**
  CMS published changes to Stage 1 MU for 2014 that modified the professional and hospital requirements for achieving MU. The SLR was updated to reflect the new requirements in June 2014 (EHs SLR module) and September 2014 (EPs SLR module).

Stage 2 Criteria

The Stage 2 Final Rule, published on September 4, 2012, specifies the criteria that EPs, EHs, and critical access hospitals must meet in order to participate in MU Stage

3 Stage 1 Final Rule: http://www.gpo.gov/fdsys/pkg/FR-2010-07-28/pdf/2010-17207.pdf
4 Stage 2 Final Rule: http://www.gpo.gov/fdsys/pkg/FR-2012-09-04/pdf/2012-21050.pdf

2 of the Program. The SLR was updated to accept Stage 2 applications in June 2014 (EHs SLR module) and September 2014 (EPs SLR module).

- **Flexibility Rule**
  In September 2014, the Final Rule was modified to allow professionals and hospitals that were unable to fully implement a 2014 certified EHR due to delays in availability caused by their EHR vendor, to apply to the Program by attesting to modified MU criteria different from those criteria they would have otherwise been required to attest. This modification is known as the Flexibility Rule. Those attesting to MU in 2014 were required to attest to either Stage 1 MU (with the 2014 changes as defined in the Stage 2 Final Rule), or to Stage 2 MU using 2014 certified EHR software. Under the Flexibility Rule, 2014 professionals were given the ability to attest to a previous version of MU, including Stage 1 MU (with 2013 changes as defined in the Stage 2 Final Rule) and could use either 2011 certified EHR software or 2011/2014 certified EHR software.

- **Stage 2 Timeline Change**
  The normal progression in the Program is for professionals and hospitals to attest to two years of MU before progressing to the next stage of MU. Under this model, a professional would attest to two years of Stage 1, two years of Stage 2, and then move on to Stage 3. Stage 2 became available in 2014 and Stage 3 was to begin in 2016. However, in September 2014, this requirement was modified by CMS to extend Stage 2 through 2016 and delay the start of Stage 3 to 2017. Under this new timeline, professionals will potentially complete three years of Stage 2 before progressing to Stage 3.

Modified Stage 2 and Stage 3 Criteria

On October 16, 2015, CMS issued a Final Rule[5] that modified and merged Stage 1 and Stage 2 MU criteria, and specified the criteria for Stage 3 MU.

- **Modified Stage 2**
  CMS modified the MU stage timeline such that in 2015 through 2017, Stage 1 and Stage 2 objectives are no longer separate. Professionals reporting MU in Program years 2015 through 2017 will report on the same set of objectives, known as Modified Stage 2. However, for some objectives, CMS will allow those scheduled to be in Stage 1 in 2015 to report on alternate measures (which are similar to requirements under Stage 1), or to take alternate exclusions to some measures. In 2017, professionals will have the option to report under the new Modified Stage 2 requirements, or under the Stage 3 requirements. DHCS was directed by CMS to cease accepting Program year 2015 applications until the SLR was updated to align with the new rule. It is anticipated that the SLR will resume accepting Modified Stage 2 applications by the beginning of September 2016.

- **Stage 3**

[5] Modified Stage 2 and Stage 3 Final Rule: https://www.gpo.gov/fdsys/pkg/FR-2015-10-16/pdf/2015-25595.pdf

While professionals will have the option to report Stage 3 criteria in 2017, in 2018, all professionals will be required to report Stage 3 criteria. DHCS is currently assessing the effort required to begin accepting Stage 3 applications in 2017. The date of implementation is currently unknown. This assessment and planning is complicated by the impending loss of Xerox as Medi-Cal's fiscal intermediary, as the SLR was developed, and is operated, maintained and upgraded as an Optional Contractual Service to the fiscal intermediary contract with Xerox.

Program Accomplishments

The Program has gained wide acceptance and interest among California's Medi-Cal professionals and hospitals. Program participation has been bolstered by the work of the four federally funded Regional Extension Centers (RECs), most of which are now CTAP contractors focused on assisting professionals, including specialists, in small group primary care practices in achieving AIU and MU. Tables 1 and 2 show the number of professionals and hospitals that have applied for the Program each year.

Eligible Professionals

Table 1: Number of Professionals applied for the Program as of June 2016

Program Year	AIU	MU Stage 1	MU Stage 2	Total
2011	6371	0	0	6371
2012	4615	2129	0	6744
2013	3779	4187	0	7966
2014	2652	3257	860	6769
2015	2573	235	1	2809
2016	558	0	0	558
Total	**20548**	**9808**	**861**	**31217**

Notable accomplishments for EPs as of June 2016 are:

- The Program disbursed over $417 million in AIU incentive payments and over $94 million in MU incentive payments to EPs. According to CMS data, the total number of incentive payments made by California to EPs, exceeds every other state.
- A total of 20,548 professionals have applied to the Program, far exceeding the original 10,000 estimate.

- A total of 6,500 professionals have applied for incentive payments for MU; 9,808 Stage 1 MU payments have been made to professionals for first and second year Stage 1 attestations, and 861 professionals received Stage 2 MU payments. Approximately 32 percent of professionals have progressed from attesting to AIU

to attesting to MU. Stage 2 MU was not available for EPs to apply until September 2014 and was on hold due to mandated changes based on federal rule changes.

California has far surpassed the 10,000 EPs initially projected to participate in the Program according to the landscape assessment performed by the Lewin & McKinsey Group in 2009. This is due in part to the "pre-qualification" strategies developed and deployed by DHCS after receiving authorization from CMS. Public clinics with a 30 percent or greater Medicaid patient volume, as determined from the Office of Statewide Health Planning and Development (OSHPD) data, received notifications that all professionals treating at least one Medi-Cal patient during the previous calendar year would be considered "pre-qualified" by the Program and would not be required to submit additional documentation of eligibility. Approximately 800 public clinics were pre-qualified each year in this way. Additionally, professionals with at least 1,160 Medi-Cal patient encounters in the previous calendar year, as reported in the Medi-Cal data warehouse, received a notice that they had been pre-qualified for the Program. An increasing number of professionals (14,000 in 2016) are pre-qualified each year in this way, likely a result of the increasing number of Medi-Cal patients seen by professionals due to Medi-Cal expansion under the Affordable Care Act.

A study of a cohort of physicians (representing 1/12 of the population of physicians applying for re-licensure) was carried out in 2011 and 2013 by researchers at UCSF with cooperation from the Medical Board of California. This study determined that "Medi-Cal incentive payments are achieving their goal of increasing MU of EHRs. Ninety-two percent of physicians (in 2013) who are registered for the Medi-Cal incentive payments have an EHR. Fifty-six percent have an EHR that can perform all 12 MU functions on which data were collected." According to this study, between 2011 and 2013 the greatest improvement in EHR usage rates in California (50 percent to 81 percent) was found to have occurred in physicians practicing in community and public clinics. This increase is likely due to the pre-qualification of these clinics using OSHPD data and the close working relationship that OHIT established with the California Primary Care Association. Medi-Cal physicians practicing in all other settings also experienced significant improvements in EHR utilization rates, but not as great as those practicing in community or public clinics.

Eligible Hospitals

Table 2: Number of Hospitals applied for the Program as of June 2016

Program Year	AIU	MU Stage 1 Year 1	MU Stage 1 Year 2	MU Stage 2 Year 1	MU Stage 2 Year 2	Total
2011	135	0	0	0	0	135
2012	94	77	0	0	0	171
2013	18	127	71	0	0	216
2014	8	37	107	68	0	220
2015	10	46	25	35	5	121
2016	0	0	0	0	0	0
Total	**265**	**287***	**203**	**103**	**5**	**863**

*50 hospitals attested to MU Stage 1 (Year 1) in their first year

The following bullets highlight notable accomplishments for EHs as of June 2016:

- The Program disbursed over $383 million in AIU incentive payments and $327 million in MU incentive payments to EHs. This is the largest amount of incentive payments for hospitals in any state.

- 315 unique hospitals in California applied to the Program.

- A total of 287 California hospitals applied for incentive payments for MU. Of these, 151 hospitals have progressed to achievement of Stage 2 MU. Stage 2 MU was not available for EHs to apply until September 2014. The 2016 MU attestations will not open for hospitals until December 2016.

There are 55 hospitals in California that have not yet participated in the Program. Of these, based on OSHPD records, 36 would not meet the ten percent Medi-Cal discharge requirement, leaving only 19 potentially EHs that have not applied. OHIT is performing outreach to these potential EHs to encourage their applications in 2016, which is the last year they can begin the Program.

Program Challenges

Professionals cannot apply to the Program after March 31, 2017. It has been difficult to accurately determine the number of eligible Medi-Cal professionals who have not yet applied to the Program. UCSF researchers have estimated this number to be between 3,000-8,000 professionals. However, with the pre-qualification methodology used by California and eligibility by group membership, the actual number may surpass the upper range of this estimate. To help remaining professionals apply for the Program and implement EHRs, DHCS received 90 percent federal funding to implement the CTAP in 2015. CTAP continues and expands the services provided by the RECs, which exhausted their federal funding by mid-2016. The UCSF study has identified that medical

specialists in general have a lower rate of EHR use than primary care physicians (76 percent vs. 81 percent) and that individual practitioners in the Medi-Cal program are particularly unlikely (13 percent) to have applied for the Program incentive payments. For these reasons, vendors who are awarded technical assistance contracts receive additional financial payments to assist specialists and individual practitioners.

DHCS has disseminated information about the Program to professionals through the Medical Board of California and through the California Medical Association and specialty organizations, such as the California Dental Association. Despite these efforts, the UCSF survey revealed that a significant number of professionals remain confused about their eligibility for the Program. Much of this confusion may be attributed to the complexity of the rules for the Medi-Cal and Medicare programs and how the two programs interact. Many professionals may prefer to participate in the Medicare EHR Incentive Program even though it provides less funding because of the difficulty documenting attainment of the 30 percent or higher Medi-Cal encounter volume required for the Program.

Although not all EHs have yet applied, DHCS is currently surveying these hospitals to determine any barriers to their participation that might be mitigated. DHCS is committed to assisting all hospitals in applying for the Program by the deadline at the end of 2016.

DHCS and its SLR contractor, Xerox, have been challenged by the frequent Program changes issued by CMS that are described above. These changes have required time consuming, extensive reprogramming of the SLR that has delayed applications by professionals in most years. To date, these delays have not prevented professionals and hospitals from ultimately applying for and receiving incentive payments for which they are eligible. The most extensive revisions resulted from the issuance of the “Flexibility Rule” that allows many professionals to apply for 2014 using 2013 rules. This became necessary because of the delay by the federal government in certifying EHRs for compliance with 2014 standards. DHCS, like other state Medicaid programs, was not able to implement these changes in the SLR until the middle of 2015. DHCS is now in the same situation with the Modification Rule changes CMS issued late in 2015 for Program years 2015 and 2016. These changes have confused hospitals and professionals and have forced them to submit their applications during truncated application periods.

Each progressive MU stage requires increasing use of HIE between professionals and hospitals. Unfortunately, the HIE architecture in California is not yet sufficiently developed to support all aspects of Stage 2 MU or the proposed Stage 3 MU regulations. This, in addition to the delay of federal certification of 2014 EHRs, has contributed to the lower than anticipated number of Stage 2 MU attestations by professionals. CMS rules limit the use of administrative funds for promoting HIE. However, on February 29, 2016, CMS issued a State Medicaid Director’s letter that expands the potential use of these funds for HIE. DHCS is in the process of soliciting ideas for HIE projects from stakeholders that might be supported by this additional funding. Any such HIE projects will require ten percent non-federal funding and share of cost for non-Medi-Cal beneficiaries served.

Appendices: Reports to the Federal Government

Appendix 1 – Regional Office Data Tool, July 2012

Appendix 2 – Regional Office Data Tool, October 2012

Appendix 3 – Regional Office Data Tool, January 2013

Appendix 4 – Regional Office Data Tool, April 2013

Appendix 5 – Regional Office Data Tool, July 2013

Appendix 6 – Regional Office Data Tool, October 2013

Appendix 7 – Regional Office Data Tool, January 2014

Appendix 8 – Regional Office Data Tool, April 2014

Appendix 9 – Regional Office Data Tool, July 2014

Appendix 10 – Regional Office Data Tool, October 2014

Appendix 11 – Regional Office Data Tool, January 2015

Appendix 12 – Regional Office Data Tool, April 2015

Appendix 13 – Regional Office Data Tool, July 2015

Appendix 14 – Regional Office Data Tool, October 2015

Appendix 15 – Regional Office Data Tool, January 2016

Appendix 16 – Regional Office Data Tool, April 2016

Appendix 17 – Annual Regional Office Report to CMS, 2011 to 2015

Eligible Professionals

As of June 18, 2012	PLANNED	ACTUAL
EP AIU COUNTS	10,000	1,465
EP AIU PAID AMOUNT	212,500,000	31,131,250

As of June 18, 2012	PLANNED	ACTUAL
EP AIU COUNTS	10,000	1,465
EP AIU PAID AMOUNT	212,500,000	31,131,250

As of July 9, 2012	PLANNED	ACTUAL
EP AIU COUNTS	10,000	107
EP AIU PAID AMOUNT	212,500,000	2,273,750

As of July 16, 2012	PLANNED	ACTUAL
EP AIU COUNTS	10,000	265
EP AIU PAID AMOUNT	212,500,000	5,440,000

TOTALS Through July 16, 2012	PLANNED	ACTUAL
EP AIU COUNTS	10,000	**2,373**
EP AIU PAID AMOUNT	212,500,000	**50,213,750**

Eligible Hospitals

	PLANNED	ACTUAL
EH AIU COUNTS	250	163
EH AIU PAID AMOUNT	375,000,000	241,001,486

	PLANNED	ACTUAL
EH AIU COUNTS	250	12
EH AIU PAID AMOUNT	375,000,000	15,722,362

	PLANNED	ACTUAL
EH AIU COUNTS	250	-
EH AIU PAID AMOUNT	375,000,000	-

	PLANNED	ACTUAL
EH AIU COUNTS	250	2
EH AIU PAID AMOUNT	375,000,000	1,717,835

TOTALS Through July 16, 2012	PLANNED	ACTUAL
EH AIU COUNTS	250	**177**
EH AIU PAID AMOUNT	375,000,000	**258,441,683**

Appendix 2 – Regional Office Data Tool, October 2012

State or Territory – CA
Project Tracking and Reporting
GO LIVE DATE: October 3, 2011

1. State System

Benchmark	Planned Date	Actual Date	Notes
Registration Implementation	10/3/2011	Eligible Hospitals 10/3/2011	Group Implementation 11/3/2011 EP Implementation 1/3/2012
AIU Attestation Implementation	10/3/2011	Eligible Hospitals 10/3/2011	Group Implementation 11/3/2011 EP Implementation 1/3/2012
Payments Implementation	10/3/2011	Eligible Hospitals 10/3/2011	Eligible Professionals 5/14/2012
Audits Implementation	9/1/2012	9/27/2012	
MU Attestation	9/27/2012		
IAPD Expiration Date	9/30/2013	9/30/2013	

2. Provider Outreach (01/01/2012 - 12/31/2012)

Outreach Events	Approximate # of Occurrences	Notes
eHealth Stakeholders, eHealth Coordinating Com, OHIT Advisory Board, Outreach Subcommittee, Prequalification Notifications	45	
Press Releases	2	
Webinars	48	

3. Auditing (01/01/2012 - 12/31/2012)

Benchmark	Planned	Actual	Notes
EP AIU audits	100		100% Pre Payment Validation through 9/15/12. Audits will be integrated into other DHCS audit activity as well.
EP MU audits			
EH Audits			100% Pre Payment Validation. Post Payment review to be integrated into normal hospital audits

4. State-Specific SMHP tasks (01/01/2012 - 12/31/2012)

Task	Planned	Actual	Notes
Landscape Assessment	15-Nov		SMHP will be updated with recent Landscape Assessment Findings

5. Staffing Levels and Changes

Roles	Planned FTEs	Actual FTEs	Notes
Operational Staff		8	
IT Staff			SLR Development & Other Deliverables. Fixed Price Bid. 20 Vendor Staff Identified
Auditing Staff		2	

Roles	Planned FTEs	Actual FTEs	Notes
New staff this quarter	4		

6. EP/EH Counts and Amount Paid (Total since start of program)

Type	Planned	Actual	Notes
EP AIU Counts	10,000	5334	Still reviewing applications and collecting additional documentation to support eligibility and payment for over 1,000 professionals
EP AIU Paid Amount	$212,500,000.00	$112,313,368.00	
EP MU Counts			
EP MU Paid Amount			
EH AIU Counts	250	201	
EH AIU Paid Amount	$375,000,000.00	$294,065,350.00	
EH MU Counts			
EH MU Paid Amount			

7. Other Information (01/01/12 - 12/31/12)

APD Update submitted (Under CMS Review). Working on SMHP Update

State or Territory – CA
Project Tracking and Reporting
GO LIVE DATE: October 3, 2011

1. State System

Benchmark	Planned Date	Actual Date	Notes
Registration Implementation	10/3/2011	Eligible Hospitals 10/3/2011	Group Implementation 11/3/2011 EP Implementation 1/3/2012
AIU Attestation Implementation	10/3/2011	Eligible Hospitals 10/3/2011	Group Implementation 11/3/2011 EP Implementation 1/3/2012
Payments Implementation	10/3/2011	Eligible Hospitals 10/3/2011	Eligible Professionals 5/14/2012
Audits Implementation	9/1/2012		
MU Attestation	9/27/2012	9/27/2012	
IAPD Expiration Date	9/30/2013	9/30/2013	

2. Provider Outreach (01/01/2012 - 12/31/2012)

Outreach Events	Approximate # of Occurrences	Notes
eHealth Stakeholders, eHealth Coordinating Com, OHIT Advisory Board, Outreach Subcommittee, Prequalification Notifications	45	Advisory board Meetings held on November 14, 2012 and December 19, 2012 Continue with one-on-one discussion with Providers and Hospitals during the enrollment process
Press Releases	2	
Webinars	88	Provider & Hospital webinars through December 31, 2012.

3. Auditing (01/01/2012 - 12/31/2012)

Benchmark	Planned	Actual	Notes
EP AIU audits	100		100% Pre Payment Validation through 9/15/12. Audits will be integrated into other DHCS audit activity as well
EP MU audits			
EH Audits			100% Pre Payment Validation Post Payment review to be integrated into normal hospital audits

4. State-Specific SMHP tasks (01/01/2012 - 12/31/2012)

Task	Planned	Actual	Notes
Landscape Assessment	15-Nov		SMHP will be updated with recent Landscape Assessment Findings

5. Staffing Levels and Changes

Roles	Planned FTEs	Actual FTEs	Notes
Operational Staff		8	Total Staff in FTEs: 11
IT Staff			SLR Development & Other Deliverables. Fixed Price Bid. 13 Vendor Staff Identified
Auditing Staff		2	
New staff this quarter	5	3	

6. EP/EH Counts and Amount Paid (Total since start of program)

Type	Planned	Actual	Notes
EP AIU Counts	10,000	6334	Still reviewing applications and collecting additional documentation to support eligibility and payment for over 1,000 professionals
EP AIU Paid Amount	$ 212,500,000.00	$ 133,690,875.00	
EP MU Counts			
EP MU Paid Amount			
EH AIU Counts	250	210	
EH AIU Paid Amount	$ 375,000,000.00	$ 306,076,488.00	
EH MU Counts			
EH MU Paid Amount			

7. Other Information (01/01/12 - 12/31/12)

APD Update submitted (Under CMS Review) - APD Approved as of December 11, 2012. Working on SMHP Update.

State or Territory – CA
Project Tracking and Reporting
GO LIVE DATE: October 3, 2011

1. State System

Benchmark	Planned Date	Actual Date	Notes
Registration Implementation	10/3/2011	Eligible Hospitals (EH) 10/3/2011	Group Implementation 11/3/2011 Eligible Professionals (EP) Implementation 1/3/2012
AIU Attestation Implementation	10/3/2011	EHs 10/3/2011	Group Implementation 11/3/2011 EP Implementation 1/3/2012
Payments Implementation	10/3/2011	EHs 10/3/2011	EPs 5/14/2012
Audits Implementation	9/1/2012		
MU Attestation	9/27/2012	9/27/2012	
IAPD Expiration Date	9/30/2013	9/30/2013	

2. Provider Outreach (01/01/2013 - 12/31/2013)

Outreach Events	Approximate # of Occurrences	Notes
eHealth Stakeholders, eHealth Coordinating Com, Outreach Subcommittee, Prequalification Notifications		Continue with one-on-one discussion with Providers and Hospitals during the enrollment process.
OHIT Advisory Board Meetings	1	February 12, 2013
CTMEIP Call		Call with Regional Extension Centers (RECs) & Local Extension Centers (LECs) to provide status updates and discuss SLR issues and other problems implementing provider attestations or payment

3. Auditing (01/01/2013 - 12/31/2013)

Benchmark	Planned	Actual	Notes
EP AIU audits	100		100% Pre-payment validation through 12/31/2013; Post-payment audits will commence upon approval of DHCS audit plan.
EP MU audits			Post-payment audits will commence upon approval of DHCS audit plan.

Benchmark	Planned	Actual	Notes
EH Audits			100% Pre-payment validations; Post-payment reviews to be integrated into normal hospital audits.

4. State-Specific SMHP tasks (01/01/2013 - 12/31/2013)

Task	Planned	Actual	Notes
Landscape Assessment	15-Nov		SMHP will be updated with recent Landscape Assessment Findings

5. Staffing Levels and Changes

Roles	Planned FTEs	Actual FTEs	Notes
Operational Staff	14	12	Total Staff in FTE: 12
IT Staff			SLR Development & Other Deliverables. Fixed Price Bid. 11 Vendor Staff Identified.
Auditing Staff	2	2	
New staff this quarter	1	1	

6. EP/EH Counts and Amount Paid (Total since start of program)

Type	Planned	Actual	Notes
EP AIU Counts	10,000	8,571	
EP AIU Paid Amount	$212,500,000	$180,957,963	
EP MU Counts		765	
EP MU Paid Amount		$6,690,917	
EH AIU Counts	250	225	
EH AIU Paid Amount	$375,000,000	$325,429,611	
EH MU Counts		64	
EH MU Paid Amount		$61,576,084	

7. Other Information (01/01/2013 - 12/31/2013)

APD Approved as of December 11, 2012. Working on SMHP Update. Working on APD Update

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GO LIVE DATE: October 3, 2011

1. State System

Benchmark	Planned date	Actual Date	Notes
Registration Implementation	10/3/2011	Eligible Hospitals (EH) 10/3/2011	Group Implementation 11/3/2011 Eligible Professionals (EP) Implementation 1/3/2012
AIU Attestation Implementation	10/3/2011	EHs 10/3/2011	Group Implementation 11/3/2011 EP Implementation 1/3/2012
Payments Implementation	10/3/2011	EHs 10/3/2011	EPs 5/14/2012
Audits Implementation	9/1/2012		
MU Attestation	9/27/2012	9/27/2012	
IAPD Expiration Date	9/30/2013	9/30/2013	

2. Provider Outreach (01/01/2013 - 12/31/2013)

Outreach Events	Approximate # of Occurrences	Notes
eHealth Stakeholders, eHealth Coordinating Com, Outreach Subcommittee, Prequalification Notifications		Continue with one-on-one discussion with Providers and Hospitals during the enrollment process.
OHIT Advisory Board Meetings	1	February 12, 2013
CTMEIP Call		Call with Regional Extension Centers (RECs) & Local Extension Centers (LECs) to provide status updates and discuss SLR issues and other problems implementing provider attestations or payment

3. Auditing (01/01/2013 - 12/31/2013)

Benchmark	Planned	Actual	Notes
EP AIU audits	100		100% Pre-payment validation through 12/31/2013; Post-payment audits will commence upon approval of DHCS audit plan.
EP MU audits			Post-payment audits will commence upon approval of DHCS audit plan.

Benchmark	Planned	Actual	Notes
EH Audits			100% Pre-payment validations; Post-payment reviews to be integrated into normal hospital audits.

4. State-Specific SMHP tasks (01/01/2013 - 12/31/2013)

Task	Planned	Actual	Notes
Landscape Assessment	15-Nov		SMHP will be updated with recent Landscape Assessment Findings

5. Staffing Levels and Changes

Roles	Planned FTEs	Actual FTEs	Notes
Operational Staff	14	12	Total Staff in FTE: 12
IT Staff			SLR Development & Other Deliverables Fixed Price Bid 11 Vendor Staff Identified.
Auditing Staff	2	2	
New staff this quarter	1	1	

6. EP/EH Counts and Amount Paid (Total since start of program)

Type	Planned	Actual	Notes
EP AIU Counts	10,000	9609	
EP AIU Paid Amount	$212,500,000	$195,394,962	
EP MU Counts		1490	
EP MU Paid Amount		$13,384,667	
EH AIU Counts	250	223	
EH AIU Paid Amount	$375,000,000	$292,019,539	
EH MU Counts		79	

7. Other Information (01/01/13 - 12/31/13)

APD Approved as of December 11, 2012. Working on SMHP Update. Working on APD Update

State or Territory – CA
Project Tracking and Reporting
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1. State System

Benchmark	Planned date	Actual Date	Notes
Registration Implementation	10/3/2011	Eligible Hospitals (EH) 10/3/2011	Group Implementation 11/3/2011 Eligible Professionals (EP) Implementation 1/3/2012
AIU Attestation Implementation	10/3/2011	EHs 10/3/2011	Group Implementation 11/3/2011 EP Implementation 1/3/2012
Payments Implementation	10/3/2011	EHs 10/3/2011	EPs 5/14/2012
Audits Implementation	9/1/2012		
MU Attestation	9/27/2012	9/27/2012	
IAPD Expiration Date	9/30/2014	9/30/2014	

2. Provider Outreach (01/01/2013 - 12/31/2013)

Outreach Events	Approximate # of Occurrences	Notes
eHealth Stakeholders, eHealth Coordinating Com, Outreach Subcommittee, Prequalification Notifications		Continue with one-on-one discussion with Providers and Hospitals during the enrollment process.
OHIT Advisory Board Meetings	1	February 12, 2013
CTMEIP Call		Call with Regional Extension Centers (RECs) & Local Extension Centers (LECs) to provide status updates and discuss SLR issues and other problems implementing provider attestations or payment
CA Dental Association Convention	1	Staff conducted EHR provider outreach to dentists.

3. Auditing (01/01/2013 - 12/31/2013)

Benchmark	Planned	Actual	Notes
EP AIU audits	100		100% Pre-payment validation through 12/31/2013; Post-payment audits will commence upon approval of DHCS audit plan.
EP MU audits			Post-payment audits will commence upon approval of DHCS audit plan.
EH Audits			100% Pre-payment validations; Post-payment reviews to be integrated into normal hospital audits.

4. State-Specific SMHP tasks (01/01/2013 - 12/31/2013)

Task	Planned	Actual	Notes
Landscape Assessment	15-Nov		SMHP will be updated with recent Landscape Assessment Findings

5. Staffing Levels and Changes

Roles	Planned FTEs	Actual FTEs	Notes
Operational Staff	13	13	
IT Staff			SLR Development & Other Deliverables Fixed Price Bid 13 Vendor Staff Identified.
Auditing Staff	2	2	
New staff this quarter	0	0	

6. EP/EH Counts and Amount Paid (Total since start of program)

Type	Planned	Actual	Notes
EP AIU Counts	10,000	11,009	
EP AIU Paid Amount	$212,500,000	$ 232,533,130	
EP MU Counts		2276	
EP MU Paid Amount		$ 20,496,334	
EH AIU Counts	250	224	
EH AIU Paid Amount	$375,000,000	$ 312,721,392	
EH MU Counts		126	
EH MU Paid Amount		$ 133,719,522	

7. Other Information (01/01/13 - 12/31/13)

SMHP Update dated 12/28/2012 was approved on 1/30/2013. IAPDU approved 9/9/2013.

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1. State System

Benchmark	Planned date	Actual Date	Notes
Registration Implementation	10/3/2011	Eligible Hospitals (EH) 10/3/2011	Group Implementation 11/3/2011 Eligible Professionals (EP) Implementation 1/3/2012
AIU Attestation Implementation	10/3/2011	EHs 10/3/2011	Group Implementation 11/3/2011 EP Implementation 1/3/2012
Payments Implementation	10/3/2011	EHs 10/3/2011	EPs 5/14/2012
Audits Implementation	9/1/2012		Require CMS approval of Audit Plan
MU Attestation	9/27/2012	9/27/2012	
IAPD Expiration Date	9/30/2014	9/30/2014	

2. Provider Outreach (01/01/2013 - 12/31/2013)

Outreach Events	Approximate # of Occurrences	Notes
eHealth Stakeholders, eHealth Coordinating Com, Outreach Subcommittee, Prequalification Notifications	Continuous	Continued with one-on-one discussions with Providers and Hospitals during the enrollment process.
OHIT Advisory Board Meetings	1	2/12/2013
CTMEIP Calls	Weekly	Calls with Regional Extension Centers (RECs) & Local Extension Centers (LECs) to provide status updates and discuss SLR issues and other problems implementing provider attestations or payment
CA Dental Association Convention	1	Staff conducted EHR provider outreach to dentists.

Outreach Events	Approximate # of Occurrences	Notes
EHR Twitter Site	Continuous	Implemented in 2011. Used regularly as a communication tool with the Medi-Cal provider population.
Provider Newsletters	Continuous	Collaborated on articles with Provider Associations

3. Auditing (01/01/2013 - 12/31/2013)

Benchmark	Planned	Actual	Notes
EP AIU Audits	100%	100%	100% Pre-payment validation through 12/31/2013; Post-payment audits will commence upon approval of DHCS audit plan.
EP MU Audits			Post-payment audits will commence upon approval of DHCS audit plan.
EH Audits	100%	100%	100% Pre-payment validations; Post-payment reviews to be integrated into normal hospital audits.

4. State-Specific SMHP tasks (01/01/2013 - 12/31/2013)

Task	Planned	Actual	Notes
Landscape Assessment	11/15/2012		SMHP will be updated with recent Landscape Assessment Findings. Surveys utilized as part of assessment, for physicians and allied providers, in process .

5. Staffing Levels and Changes

Roles	Planned FTEs	Actual FTEs	Notes
Operational Staff	13	13	13
IT Staff			SLR Development & Other Deliverables Fixed Price Bid 13 Vendor Staff Identified.
Auditing Staff	2	2	
New staff this quarter	0	0	

6. EP/EH Counts and Amount Paid

Type	Planned	Actual	Notes
EP AIU Counts	10,000	11,685	

Type	Planned	Actual	Notes
EP AIU Paid Amount	$212,500,000	$246,820,214	
EP MU Counts		2,602	
EP MU Paid Amount		$23,298,500	
EH AIU Counts	250	243	
EH AIU Paid Amount	$375,000,000	$348,328,000	
EH MU Counts		289	
EH MU Paid Amount		$342,666,588	

7. Other Information (01/01/13 - 12/31/13)

SMHP Update dated 12/28/2012 was approved on 1/30/2013. IAPDU approved 9/9/2013.

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1. State System

Benchmark	Planned date	Actual Date	Notes
Registration Implementation	10/3/2011	Eligible Hospitals (EH) 10/3/2011	Group Implementation 11/3/2011 Eligible Professionals (EP) Implementation 1/3/2012
AIU Attestation Implementation	10/3/2011	EHs 10/3/2011	Group Implementation 11/3/2011 EP Implementation 1/3/2012
Payments Implementation	10/3/2011	EHs 10/3/2011	EPs 5/14/2012
Audits Implementation	9/1/2012		Require CMS approval of Audit Plan
MU Attestation	9/27/2012	9/27/2012	
IAPD Expiration Date	9/30/2014	9/30/2014	

2. Provider Outreach (01/01/2014 - 12/31/2014)

Outreach Events	Approximate # of Occurrences	Notes
eHealth Stakeholders, eHealth Coordinating Com, Outreach Subcommittee, Prequalification Notifications	Continuous	Continued with one-on-one discussion with Providers and Hospitals during the enrollment process.
OHIT Advisory Board Meetings	0	
CTMEIP Calls	Biweekly	Calls with Regional Extension Centers (RECs) & Local Extension Centers (LECs) to provide status updates and discuss SLR issues and other problems implementing provider attestations or payment
CA Dental Association Convention	0	Plan to attend September 2014 to conduct EHR provider outreach to dentists.
EHR Twitter Site	Continuous	Implemented in 2011. Used daily as a communication tool with the Medi-Cal provider population.
Provider Newsletters	Continuous	Collaborate on articles with Provider Associations

3. Auditing (01/01/2014 - 12/31/2014)

Benchmark	Planned	Actual	Notes
EP AIU Audits	2,977	0%	100% Pre-payment validation through 12/31/2013; Post-payment audits will commence upon approval of DHCS audit strategy. Audit Strategy Approval occurred 05/05/2014
EP MU Audits	0	0	Post-payment audits will commence upon approval of DHCS audit plan. Audit strategy approval occurred on 05/05/2014
EH Audits	216	0%	100% Pre-payment validations; Post-payment reviews to be integrated into normal hospital audits and will commence on DHCS Audit Strategy Approval. Audit Strategy Approval occurred 05/05/2014

4. State-Specific SMHP tasks (01/01/2014 - 12/31/2014)

Task	Planned	Actual	Notes
Landscape Assessment	11/15/2012		SMHP will be updated with recent Landscape Assessment Findings.

5. Staffing Levels and Changes

Roles	Planned FTEs	Actual FTEs	Notes
Operational Staff	13	9	4 Vacant Positions
IT Staff			SLR Development & Other Deliverables Fixed Price Bid 13 Vendor Staff Identified.
Auditing Staff	2	2	
New staff this quarter	0	0	

6. EP/EH Counts and Amount Paid (Total since start of program

Type	Planned	Actual	Notes
EP AIU Counts	10,000	12240	
EP AIU Paid Amount	$212,500,000	$258,500,630.53	
EP MU Counts		2868	
EP MU Paid Amount		$ 25,715,333.47	
EH AIU Counts	250	249	
EH AIU Paid Amount	$375,000,000	$371,299,325.76	
EH MU Counts		288	
EH MU Paid Amount		$258,783,857.99	

7. Other Information (01/01/14 - 12/31/14)

SMHP Update dated 12/28/2012 was approved on 1/30/2013. IAPDU approved 9/9/2013.

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1. State System

Benchmark	Planned date	Actual Date	Notes
Registration Implementation	10/3/2011	Eligible Hospitals (EH) 10/3/2011	Group Implementation 11/3/2011 Eligible Professionals (EP) Implementation 1/3/2012
AIU Attestation Implementation	10/3/2011	EHs 10/3/2011	Group Implementation 11/3/2011 EP Implementation 1/3/2012
Payments Implementation	10/3/2011	EHs 10/3/2011	EPs 5/14/2012
Audits Implementation	10/1/2014		The Audit Strategy was approved in May 2014 for AIU audits. Audits are anticipated to be implemented in October 2014
MU Attestation	9/27/2012	9/27/2012	
IAPD Expiration Date	9/30/2014	9/30/2014	An IAPD update has been submitted to CMS on July 3, 2014 for review and approval

2. Provider Outreach (01/01/2014 - 12/31/2014)

Outreach Events	Approximate # of Occurrences	Notes
eHealth Stakeholders, eHealth Coordinating Com, Outreach Subcommittee, Prequalification Notifications	Continuous	Continued with one-on-one discussion with Providers and Hospitals during the enrollment process.
OHIT Advisory Board Meetings	0	The Advisory Board is being reconstituted to reflect progress in EHR implementation and expanded focus on other efforts including TA for specialist and beneficiary outreach. Planning for 3 meetings in Fall 2014

Outreach Events	Approximate # of Occurrences	Notes
Communications Team Medi-Cal EHR Incentive Program (CTMEIP) Calls	Biweekly	Calls with Regional Extension Centers (RECs) & Local Extension Centers (LECs) to provide status updates and discuss SLR issues and other problems implementing provider attestations or payment
CA Dental Association Convention	0	Plan to attend September 2014 to conduct EHR provider outreach to dentists.
EHR Twitter Site	Continuous	Implemented in 2011. Used daily as a communication tool with the Medi-Cal provider population.
Provider Newsletters	Continuous	Collaborate on articles with Provider Associations

3. Auditing (01/01/2014 - 12/31/2014)

Benchmark	Planned	Actual	Notes
EP AIU Audits	2,977	0%	100% Pre-payment validation through June 2014. The Audit Strategy was approved in May 2014. EP audits are anticipated to be implemented in October 2014
EP MU Audits	0	0	Post payment audits will commence upon approval of the MU audits in the Audit Strategy. The Audit Strategy was approved in May 2014 for AIU audits.
EH Audits	196	0%	100% Pre-payment validations; Post-payment reviews to be integrated into normal hospital audits. The Audit Strategy was approved in May 2014. EH audits are anticipated to be implemented in October 2014

4. State-Specific SMHP tasks (01/01/2014 - 12/31/2014)

Task	Planned	Actual	Notes
Landscape Assessment	11/15/2012		SMHP will be updated with recent Landscape Assessment Findings.

5. Staffing Levels and Changes

Roles	Planned FTEs	Actual FTEs	Notes
Operational Staff	13	9	4 Vacant Positions
IT Staff			SLR Development & Other Deliverables. Fixed Price Bid. 13 Vendor Staff Identified.
Auditing Staff	2	2	

New staff this quarter	1	1	Student Assistant

6. EP/EH Counts and Amount Paid (Total since start of program)

Type	Planned	Actual	Notes
EP AIU Counts	10,000	13850	
EP AIU Paid Amount	$212,500,000	$292,691,880.54	
EP MU Counts		5449	
EP MU Paid Amount		$ 48,362,166.87	
EH AIU Counts	250	253	
EH AIU Paid Amount	$375,000,000	$373,926,715.01	
EH MU Counts		293	
EH MU Paid Amount		$252,566,322.65	

7. Other Information (01/01/14 - 12/31/14)

SMHP Update dated 12/28/2012 was approved on 1/30/2013. Additional updates to the SMHP will be based on the latest Medical Board Survey, which is expected to be completed Late July or early August 2014, and the Ambulatory Care Survey, which is expected to be completed January 2015.

IAPDU approved 9/9/2013.

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1. State System

Benchmark	Planned date	Actual Date	Notes
Registration Implementation	10/3/2011	Eligible Hospitals (EH) 10/3/2011	Group Implementation 11/3/2011 Eligible Professionals (EP) Implementation 1/3/2012
AIU Attestation Implementation	10/3/2011	EHs 10/3/2011	Group Implementation 11/3/2011 EP Implementation 1/3/2012
Payments Implementation	10/3/2011	EHs 10/3/2011	EPs 5/14/2012
Audits Implementation	10/1/2014		The Audit Strategy was approved in May 2014 for AIU audits. EH Audits began in September 2014 and EP Audits are anticipated to begin in late 2014.
MU Attestation	9/27/2012	9/27/2012	
IAPD Expiration Date	9/30/2015	9/30/2015	An IAPD update has been submitted to CMS on July 3, 2014 for review and approved on October 2, 2014

2. Provider Outreach (01/01/2014 - 12/31/2014)

Outreach Events	Approximate # of Occurrences	Notes	
eHealth Stakeholders, eHealth Coordinating Com, Outreach Subcommittee, Prequalification Notifications	Continuous	Continued with one-on-one discussion with Providers and Hospitals during the enrollment process.	
OHIT Advisory Board Meetings	0	The Advisory Board is being reconstituted to reflect progress in EHR implementation and expanded focus on other efforts including TA for specialist and beneficiary outreach. Planning for 2 meetings in November and December 2014	

Outreach Events	Approximate # of Occurrences	Notes	
Communications Team Medi-Cal EHR Incentive Program (CTMEIP) Calls	Biweekly	Calls with Regional Extension Centers (RECs) & Local Extension Centers (LECs) to provide status updates and discuss SLR issues and other problems implementing provider attestations or payment	
CA Dental Association Convention	1	Attended CDA Presents in San Francisco, CA from September 4 - 6, 2014 and conducted provider outreach to dentists.	
EHR Twitter Site	Continuous	Implemented in 2011. Used daily as a communication tool with the Medi-Cal provider population.	
Provider Newsletters	Continuous	Collaborate on articles with Provider Associations	

3. Auditing (01/01/2014 - 12/31/2014)

Benchmark	Planned	Actual	Notes
EP AIU Audits	2,977	0%	100% Pre-payment validation through September 2014. The Audit Strategy was approved in May 2014. EP audits are anticipated to be implemented in late 2014
EP MU Audits	0	0	Post payment audits will commence upon approval of the MU audits in the Audit Strategy. The Audit Strategy was approved in May 2014 for AIU audits.
EH Audits	196	0%	100% Pre-payment validations; Post-payment reviews to be integrated into normal hospital audits. The Audit Strategy was approved in May 2014. 1 EH audit has begun in September 2014, with more anticipated to start in November 2014.

4. State-Specific SMHP tasks (01/01/2014 - 12/31/2014)

Task	Planned	Actual	Notes
Landscape Assessment - CA Physicians' Use of EHR	March 2014	August 2014	SMHP will be updated with recent Landscape Assessment Findings.
Landscape Assessment - Ambulatory Care Survey	June 2014		SMHP will be updated with anticipated Landscape Assessment Findings.

5. Staffing Levels and Changes

Roles	Planned FTEs	Actual FTEs	Notes
Operational Staff	13	13	New staff added to fill FTEs
IT Staff			SLR Development & Other Deliverables Fixed Price Bid 13 Vendor Staff Identified.
Auditing Staff	2	2	
New staff this quarter	4	4	3 new hires plus 1 staff returning from leave.

6. EP/EH Counts and Amount Paid (Total since start of program)

Type	Planned	Actual	Notes
EP AIU Counts	10,000	14344	
EP AIU Paid Amount	$212,500,000	$303,175,213.88	
EP MU Counts		5979	
EP MU Paid Amount		$ 53,102,333.57	
EH AIU Counts	250	253	
EH AIU Paid Amount	$375,000,000	$373,926,715.01	
EH MU Counts		302	
EH MU Paid Amount		$249,208,793.18	

7. Other Information (01/01/14 - 12/31/14)

SMHP Update dated 12/28/2012 was approved on 1/30/2013. Additional updates to the SMHP will be based on the latest Medical Board Survey, which was completed August 2014, and the Ambulatory Care Survey, which is expected to be completed January 2015.

An IAPD update, requesting funding for FFY 2015 has been submitted to CMS on July 3, 2014 for review and approved on October 2, 2014.

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1. State System

Benchmark	Planned date	Actual Date	Notes
Registration Implementation	10/3/2011	Eligible Hospitals (EH) 10/3/2011	Group Implementation 11/3/2011 Eligible Professionals (EP) Implementation 1/3/2012
AIU Attestation Implementation	10/3/2011	EHs 10/3/2011	Group Implementation 11/3/2011 EP Implementation 1/3/2012
Payments Implementation	10/3/2011	EHs 10/3/2011	EPs 5/14/2012
Audits Implementation	10/1/2014	9/1/2014	The Audit Strategy was approved in May 2014 for AIU audits. 1 EH Post-Payment Field Audit and 1 EP Group Post-Payment Field Audit have were completed by December 2014. 7 EP post-payment audits are complete with no adverse findings. 1 EP post-payment audit is still in process as of March 2015
MU Attestation	9/27/2012	9/27/2012	
IAPD Expiration Date	9/30/2015	9/30/2015	An IAPD update was submitted to CMS on July 3, 2014 for review and approved on October 2, 2014

2. Provider Outreach (01/01/2015 - 12/31/2015)

Outreach Events	Approximate # of Occurrences	Notes
eHealth Stakeholders, eHealth Coordinating Com, Outreach Subcommittee, Prequalification Notifications	Continuous	Continued with one-on-one discussion with Providers and Hospitals during the enrollment process.
OHIT Advisory Board Meetings	0	The Advisory Board is being reconstituted to reflect progress in EHR implementation and expanded focus on other efforts including TA for specialist and beneficiary outreach. Planning for 1 meeting in second quarter of 2015.
Communications Team Medi-Cal EHR Incentive Program (CTMEIP) Calls	Biweekly	Calls with Regional Extension Centers (RECs) & Local Extension Centers (LECs) to provide status updates and discuss SLR issues and other problems implementing provider attestations or payment
EHR Twitter Site	Continuous	Implemented in 2011. Used daily as a communication tool with the Medi-Cal provider population.
Provider Newsletters	Continuous	Collaborate on articles with Provider Associations

3. Auditing (01/01/2015 - 12/31/2015)

Benchmark	Planned	Actual	Notes
EP AIU audits	2,977	0%	100% Pre-payment validation through December 2014. The Audit Strategy was approved in May 2014. 7 EP post-payment audits are complete with no adverse findings. 1 EP post-payment audit is still in process as of March 2015
EP MU audits	0	0	Post payment audits will commence upon approval of the MU audits in the Audit Strategy. The Audit Strategy was approved in May 2014 for AIU audits.
EH Audits	196	1%	100% Pre-payment validations; Post-payment reviews to be integrated into normal hospital audits. The Audit Strategy was approved in May 2014. 1 EH post-payment field audit was completed in September 2014.

4. State-Specific SMHP tasks (01/01/2015 - 12/31/2015)

Task	Planned	Actual	Notes
Landscape Assessment - CA Physicians' Use of EHR	March 2014	August 2014	SMHP will be updated with recent Landscape Assessment Findings.
Landscape Assessment - Ambulatory Care Survey	June 2014		SMHP will be updated with anticipated Landscape Assessment Findings.

5. Staffing Levels and Changes

Roles	Planned FTEs	Actual FTEs	Notes
Operational Staff	14	14	
IT Staff			SLR Development & Other Deliverables. Fixed Price Bid. 13 Vendor Staff Identified.
Auditing Staff	2	2	
New staff this quarter	1	1	

6. EP/EH Counts and Amount Paid (Total since start of program)

Type	Planned	Actual	Notes
EP AIU Counts	10,000	15,307	
EP AIU Paid Amount	$212,500,000.00	$323,688,547.27	
EP MU Counts		6,699	
EP MU Paid Amount		$ 59,031,083.62	
EH AIU Counts	250	254	
EH AIU Paid Amount	$375,000,000.00	$381,056,742.48	
EH MU Counts		410	
EH MU Paid Amount		$261,843,690.59	

7. Other Information (01/01/15 - 12/31/15)

SMHP Update dated 12/28/2012 was approved on 1/30/2013. Additional updates to the SMHP will be based on the latest Medical Board Survey, which was completed August 2014, and the Ambulatory Care Survey, which is expected to be completed January 2015.

An IAPD update, requesting funding for FFY 2015 was submitted to CMS on July 3, 2014 for review and approved on October 2, 2014.

8. Recoupment/Adjustment Amounts (01/01/2015 - 12/31/2015)

Q2 FFY 15 (Jan - Mar 2015)	Q3 FFY 15 (Apr - June 2015)	Q4 FFY 15 (July - Sept 2015)	Q1 FFY 16 (Oct - Dec 2015)
$1,491,750			

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1. State System

Benchmark	Planned date	Actual Date	Notes
Registration Implementation	10/3/2011	Eligible Hospitals (EH) 10/3/2011	Group Implementation 11/3/2011 Eligible Professionals (EP) Implementation 1/3/2012
AIU Attestation Implementation	10/3/2011	EHs 10/3/2011	Group Implementation 11/3/2011 EP Implementation 1/3/2012
Payments Implementation	10/3/2011	EHs 10/3/2011	EPs 5/14/2012
Audits Implementation	10/1/2014	9/1/2014	The Audit Strategy was approved in May 2014 for AIU audits. 17 EP post-payment audits are complete with no adverse findings. 111 EP post-payment audit is still in process as of June 2015
MU Attestation	9/27/2012	9/27/2012	
IAPD Expiration Date	9/30/2015	9/30/2015	An IAPD update was submitted to CMS on July 6, 2015 for review and approval

2. Provider Outreach (01/01/2015 - 12/31/2015)

Outreach Events	Approximate # of Occurrences	Notes
eHealth Stakeholders, eHealth Coordinating Com, Outreach Subcommittee, Prequalification Notifications	Continuous	Continued with one-on-one discussion with Providers and Hospitals during the enrollment process.
OHIT Advisory Board Meetings	0	The Advisory Board is being reconstituted to reflect progress in EHR implementation and expanded focus on other efforts including TA for specialist and beneficiary outreach. Planning for 1 meeting in third quarter of 2015.
Communications Team Medi-Cal EHR Incentive Program (CTMEIP) Calls	Biweekly	Calls with Regional Extension Centers (RECs) & Local Extension Centers (LECs) to provide status updates and discuss SLR issues and other problems implementing provider attestations or payment
EHR Twitter Site	Continuous	Implemented in 2011. Used daily as a communication tool with the Medi-Cal provider population.
Provider Newsletters	Continuous	Collaborate on articles with Provider Associations

3. Auditing (01/01/2015 - 12/31/2015)

Benchmark	Planned	Actual	Notes
EP AIU audits	208	8%	100% Pre-payment validation through December 2014. The Audit Strategy was approved in May 2014. 7 EP post-payment audits are complete with no adverse findings. 111 EP post-payment audit are still in process as of June 2015
EP MU audits	0	0	Post payment audits will commence upon approval of the MU audits plan in the Audit Strategy. The Audit Strategy was approved in May 2014 for AIU audits.
EH Audits	122	1%	100% Pre-payment validations; Post-payment reviews to be integrated into normal hospital audits. The Audit Strategy was approved in May 2014. 1 EH post-payment field audit was completed in September 2014.

4. State-Specific SMHP tasks (01/01/2015 - 12/31/2015)

Task	Planned	Actual	Notes
Landscape Assessment - CA Physicians' Use of EHR	March 2014	August 2014	SMHP will be updated with recent Landscape Assessment Findings.
Landscape Assessment - Ambulatory Care Survey	June 2014	February 2015	SMHP will be updated with anticipated Landscape Assessment Findings.

5. Staffing Levels and Changes

Roles	Planned FTEs	Actual FTEs	Notes
Operational Staff	23	17	
IT Staff			SLR Development & Other Deliverables. Fixed Price Bid. 13 Vendor Staff Identified.
Auditing Staff	2	2	
New staff this quarter	3	3	

6. EP/EH Counts and Amount Paid (Total since start of program)

Type	Planned	Actual	Notes
EP AIU Counts	10,000	15,800	
EP AIU Paid Amount	$212,500,000.00	$334,157,713.94	
EP MU Counts		7,356	
EP MU Paid Amount		$ 64,864,916.96	
EH AIU Counts	250	254	
EH AIU Paid Amount	$375,000,000.00	$381,056,742.48	
EH MU Counts		447	
EH MU Paid Amount		$273,412,952.25	

7. Other Information (01/01/15 - 12/31/15)

SMHP Update dated 12/28/2012 was approved on 1/30/2013. Additional updates to the SMHP will be based on the latest Medical Board Survey, which was completed August 2014, and the Ambulatory Care Survey, which is expected to be completed January 2015.

An IAPD update, requesting funding for FFY 2016 was submitted to CMS on July 6, 2015 for review and approval.

8. Recoupment/Adjustment Amounts (01/01/2015 - 12/31/2015)

Q2 FFY 15 (Jan - Mar 2015)	Q3 FFY 15 (Apr - June 2015)	Q4 FFY 15 (July - Sept 2015)	Q1 FFY 16 (Oct - Dec 2015)
$1,491,750	$0		

State or Territory – CA
Project Tracking and Reporting
GO LIVE DATE: October 3, 2011

1. State System

Benchmark	Planned date	Actual Date	Notes
Registration Implementation	10/3/2011	Eligible Hospitals (EH) 10/3/2011	Group Implementation 11/3/2011 Eligible Professionals (EP) Implementation 1/3/2012
AIU Attestation Implementation	10/3/2011	EHs 10/3/2011	Group Implementation 11/3/2011 EP Implementation 1/3/2012
Payments Implementation	10/3/2011	EHs 10/3/2011	EPs 5/14/2012
Audits Implementation	10/1/2014	9/1/2014	The Audit Strategy was approved in May 2014 for AIU audits. EP post-payment audits and EH post-payment audits began September 2014
MU Attestation	9/27/2012	9/27/2012	
IAPD Expiration Date	9/30/2015	9/30/2015	An IAPD update was submitted to CMS on July 6, 2015 for review and approval

2. Provider Outreach (01/01/2015 - 12/31/2015)

Outreach Events	Approximate # of Occurrences	Notes
Ongoing Provider Outreach	Continuous	Continued with one-on-one discussion with Providers and Hospitals during the enrollment process.
OHIT Advisory Board Meetings	0	The Advisory Board is being reconstituted to reflect progress in EHR implementation and expanded focus on other efforts including TA for specialist and beneficiary outreach. Planning for 1 meeting in the first quarter of 2016.
Communications Team Medi-Cal EHR Incentive Program (CTMEIP) Calls	Biweekly	Calls with Regional Extension Centers (RECs) & Local Extension Centers (LECs) to provide status updates and discuss SLR issues and other problems implementing provider attestations or payment. No longer occurring as of September 2015 and has been replaced with the EHR Incentive Program Update calls
EHR Incentive Program Update Calls	Biweekly	Held by OHIT and attended by various stakeholders, including health care foundations, group administrators, and other health care entities (such as previous regional and local extension centers). The call provides regular program updates as well as announce and discuss important items such as changes to federal requirements, SLR updates, and policy issues
California Technical Assistance Program (CTAP) Calls	Weekly	Calls providing updates on program requirements, discussing the requirements of various milestones, HIE, and any other topics that are brought up via email or during discussion.
EHR Twitter Site	Continuous	Implemented in 2011. Used daily as a communication tool with the Medi-Cal provider population.
Provider Newsletters	Continuous	Collaborate on articles with Provider Associations
California Primary Care Association (CPCA) MU Boot Camp	1	Yearly, one-day training for groups and clinics throughout California. There are various speaker, who present at the Boot Camp. OHIT presented on the process of a group application and addressed common issues related to the group application
Article for Denti-Cal Bulletin	1	A brief overview of the program tailored to dentists. The article included eligibility requirements, deadlines, and contact information, among other program information

3. Auditing (01/01/2015 - 12/31/2015)

Benchmark	Planned	Actual	Notes
EP AIU audits	208	49%	100% Pre-payment validation through December 2014. The Audit Strategy was approved in May 2014. 85 EP post-payment audits are complete with no adverse findings for the July – September 2015 quarter
EP MU audits	0	0	Post payment audits will commence upon approval of the MU audits plan in the Audit Strategy. The Audit Strategy was approved in May 2014 for AIU audits.
EH Audits	122	1%	100% Pre-payment validations; Post-payment reviews to be integrated into normal hospital audits. The Audit Strategy was approved in May 2014. 1 EH post-payment audit is complete with no adverse findings for the July – September 2015 quarter

4. State-Specific SMHP tasks (01/01/2015 - 12/31/2015)

Task	Planned	Actual	Notes
Landscape Assessment - CA Physicians' Use of EHR	March 2014	August 2014	SMHP will be updated with recent Landscape Assessment Findings.
Landscape Assessment - Ambulatory Care Survey	June 2014	February 2015	SMHP will be updated with anticipated Landscape Assessment Findings.

5. Staffing Levels and Changes

Roles	Planned FTEs	Actual FTEs	Notes
Operational Staff	23	19	
IT Staff			SLR Development & Other Deliverables. Fixed Price Bid. 13 Vendor Staff Identified.
Auditing Staff	2	2	
New staff this quarter	1	1	

6. EP/EH Counts and Amount Paid (Total since start of program)

Type	Planned	Actual	Notes
EP AIU Counts	10,000	16,879	
EP AIU Paid Amount	$212,500,000.00	$357,035,463.97	
EP MU Counts		9,419	
EP MU Paid Amount		$83,237,667.04	
EH AIU Counts	250	254	
EH AIU Paid Amount	$375,000,000.00	$381,056,742.48	
EH MU Counts		470	
EH MU Paid Amount		$278,174,700.91	

7. Other Information (01/01/15 - 12/31/15)

The last SMHP Update dated 12/28/2012 was approved on 1/30/2013, with addendums submitted to CMS subsequently. A comprehensive update to the SMHP is in process based on the Companion Guide which CMS issued in June, 2015. We anticipate that a comprehensive update will be completed as early as December 2016.

An IAPD Update, requesting funding for FFY 2016 was submitted to CMS on July 6, 2015, and is still under review.

8. Recoupment/Adjustment Amounts (01/01/2015 - 12/31/2015)

Q2 FFY 15 (Jan - Mar 2015)	Q3 FFY 15 (Apr - June 2015)	Q4 FFY 15 (July - Sept 2015)	Q1 FFY 16 (Oct - Dec 2015)
$1,491,750	$0	$0	

State or Territory – CA
Project Tracking and Reporting
GO LIVE DATE: October 3, 2011

1. State System

Benchmark	Planned date	Actual Date	Notes
Registration Implementation	10/3/2011	Eligible Hospitals (EH) 10/3/2011	Group Implementation 11/3/2011 Eligible Professionals (EP) Implementation 1/3/2012
AIU Attestation Implementation	10/3/2011	EHs 10/3/2011	Group Implementation 11/3/2011 EP Implementation 1/3/2012
Payments Implementation	10/3/2011	EHs 10/3/2011	EPs 5/14/2012
Audits Implementation	10/1/2014	9/1/2014	The Audit Strategy was approved in May 2014 for AIU audits. EP post-payment audits and EH post-payment audits began September 2014
MU Attestation	9/27/2012	9/27/2012	
IAPD Expiration Date	9/30/2016	9/30/2016	An IAPD update was submitted to CMS on July 6, 2015 for review and approved on November 12, 2015

2. Provider Outreach (01/01/2015 - 12/31/2015)

Outreach Events	Approximate # of Occurrences	Notes
Ongoing Provider Outreach	Continuous	Continued with one-on-one discussion with Providers and Hospitals during the enrollment process.
OHIT Advisory Board Meetings	0	The Advisory Board is being reconstituted to reflect progress in EHR implementation and expanded focus on other efforts including Technical Assistance for specialist and beneficiary outreach. Planning for 1 meeting in the first quarter of 2016.
Communications Team Medi-Cal EHR Incentive Program (CTMEIP) Calls	Biweekly	Calls with Regional Extension Centers (RECs) & Local Extension Centers (LECs) to provide status updates and discuss SLR issues and other problems implementing provider attestations or payment. No longer occurring as of September 2015 and has been replaced with the EHR Incentive Program Update calls.

Outreach Events	Approximate # of Occurrences	Notes
EHR Incentive Program Update Calls	Biweekly	Held by OHIT and attended by various stakeholders, including health care foundations, group administrators, and other health care entities (such as previous regional and local extension centers). The call provides regular program updates as well as announcements and discussion of important items, such as changes to federal requirements, SLR updates, and policy issues.
California Technical Assistance Program (CTAP) Calls	Weekly	Calls providing updates on program requirements, discussing the requirements of various milestones, HIE, and any other topics that are brought up via email or during discussion.
EHR Twitter Site	Continuous	Implemented in 2011. Used daily as a communication tool with the Medi-Cal provider population.
Provider Newsletters	Continuous	Collaborate on articles with Provider Associations.
California Primary Care Association (CPCA) MU Boot Camp	1	Yearly, one-day training for groups and clinics throughout California. There are various speakers who present at the Boot Camp. OHIT presented on the process of a group application and addressed common issues related to the group application.
Article for Denti-Cal Bulletin	1	A brief overview of the program tailored to dentists. The article included eligibility requirements, deadlines, and contact information, among other program information.
DHCS Stakeholder Newsletter	Continuous	Newsletter to all DHCS stakeholders, advising of meetings, program updates, CMS information and accomplishments.
HIE/HIT Summit	1	California HIT/HIE Stakeholder Summit in collaboration with the California Health and Human Services Agency (CHHS) to further coordinate and implement California's eHealth vision and goals.
Redwood MedNet HIE Conference	1	Connecting California to Improve Patient Care is an annual conference featuring presentations on electronic health records (EHR) and on the use of national technology standards to establish interoperability for electronic patient healthcare data.

3. Auditing (01/01/2015 - 12/31/2015)

Benchmark	Planned	Actual	Notes
EP AIU audits	208	61%	100% Pre-payment validation. The Audit Strategy was approved in May 2014. 25 EP post-payment audits have been completed with no adverse findings for the October – December 2015 quarter.
EP MU audits	0	0	Post payment audits will commence upon approval of the MU audits plan in the Audit Strategy.
EH Audits	122	4%	100% Pre-payment validations; Post-payment reviews to be integrated into normal hospital audits. The Audit Strategy was approved in May 2014. 4 EH post-payment audit have been completed with no adverse findings for the October – December 2015 quarter.

4. State-Specific SMHP tasks (01/01/2015 - 12/31/2015)

Task	Planned	Actual	Notes
Landscape Assessment - CA Physicians' Use of EHR	March 2014	August 2014	SMHP will be updated with recent Landscape Assessment Findings.
Landscape Assessment - Ambulatory Care Survey	June 2014	February 2015	SMHP will be updated with anticipated Landscape Assessment Findings.

5. Staffing Levels and Changes

Roles	Planned FTEs	Actual FTEs	Notes
Operational Staff	23	19	
IT Staff			SLR Development & Other Deliverables Fixed Price Bid 13 Vendor Staff Identified.
Auditing Staff	2	2	
New staff this quarter	0	0	

6. EP/EH Counts and Amount Paid (Total since start of program)

Type	Planned	Actual	Notes
EP AIU Counts	10,000	17,352	
EP AIU Paid Amount	$212,500,000.00	$367,079,630.64	
EP MU Counts		10,206	
EP MU Paid Amount		$90,380,500.41	
EH AIU Counts	250	260	
EH AIU Paid Amount	$375,000,000.00	$394,558,451.22	
EH MU Counts		482	
EH MU Paid Amount		$286,757,614.90	

7. Other Information (01/01/15 - 12/31/15)

The last SMHP Update dated 12/28/2012 was approved on 1/30/2013, with addendums submitted to CMS subsequently. A comprehensive update to the SMHP is in process based on the Companion Guide which CMS issued in June, 2015. We anticipate that a comprehensive update will be completed as early as January 2016.

An IAPD Update, requesting funding for FFY 2016 was submitted to CMS on July 6, 2015, and approved by CMS on November 12, 2015

8. Recoupment/Adjustment Amounts (01/01/2015 - 12/31/2015)

Q2 FFY 15 (Jan - Mar 2015)	Q3 FFY 15 (Apr - June 2015)	Q4 FFY 15 (July - Sept 2015)	Q1 FFY 16 (Oct - Dec 2015)
$1,491,750	$0	$0	$8,500

1. State System

Benchmark	Planned date	Actual Date	Notes
Registration Implementation	10/3/2011	Eligible Hospitals (EH) 10/3/2011	Group Implementation 11/3/2011 Eligible Professionals (EP) Implementation 1/3/2012
AIU Attestation Implementation	10/3/2011	EHs 10/3/2011	Group Implementation 11/3/2011 EP Implementation 1/3/2012
Payments Implementation	10/3/2011	EHs 10/3/2011	EPs 5/14/2012
Audits Implementation	10/1/2014	9/1/2014	The Audit Strategy was approved in May 2014 for AIU audits. EP post-payment audits and EH post-payment audits began September 2014
MU Attestation	9/27/2012	9/27/2012	
IAPD Expiration Date	9/30/2016	9/30/2016	An IAPD update was submitted to CMS on July 6, 2015 for review and approved on November 12, 2015

2. Provider Outreach (01/01/2016 - 12/31/2016)

Outreach Events	Approximate # of Occurrences	Notes
Ongoing Provider Outreach	Continuous	Continued with one-on-one discussion with Providers and Hospitals during the enrollment process.
OHIT Advisory Board Meetings	0	The Advisory Board is being reconstituted to reflect progress in EHR implementation and expanded focus on other efforts including Technical Assistance for specialist and beneficiary outreach. Planning for 1 meeting in the second quarter of 2016.
EHR Incentive Program Update Calls	Biweekly	Held by OHIT and attended by various stakeholders, including health care foundations, group administrators, and other health care entities (such as previous regional and local extension centers). The call provides regular program updates as well as announcements and discussion of important items, such as changes to federal requirements, SLR updates, and policy issues.

Outreach Events	Approximate # of Occurrences	Notes
California Technical Assistance Program (CTAP) Calls	Biweekly	Calls providing updates on program requirements, discussing the requirements of various milestones, HIE, and any other topics that are brought up via email or during discussion.
EHR Twitter Site	Continuous	Implemented in 2011. Used daily as a communication tool with the Medi-Cal provider population.
Provider Newsletters	Continuous	Collaborate on articles with Provider Associations.
California Primary Care Association (CPCA) MU Boot Camp	1	Yearly, one-day training for groups and clinics throughout California. There are various speakers who present at the Boot Camp. OHIT presented on the process of a group application and addressed common issues related to the group application.
Article for Denti-Cal Bulletin	1	A brief overview of the program tailored to dentists. The article included eligibility requirements, deadlines, and contact information, among other program information.
DHCS Stakeholder Newsletter	Continuous	Newsletter to all DHCS stakeholders, advising of meetings, program updates, CMS information and accomplishments.

3. Auditing (01/01/2016 - 12/31/2016)

Benchmark	Planned	Actual	Notes
EP AIU audits	208	35%	100% Pre-payment validation. The Audit Strategy was approved in May 2014. 73 EP post-payment audits have been completed with no adverse findings for the January - March 2016 quarter.
EP MU audits	0	0	Post payment audits will commence upon approval of the MU audits plan in the Audit Strategy.

Benchmark	Planned	Actual	Notes
EH Audits	122	0%	100% Pre-payment validations; Post-payment reviews to be integrated into normal hospital audits. The Audit Strategy was approved in May 2014. 0 EH post-payment audit have been completed with no adverse findings for the January - March 2016 quarter.

4. State-Specific SMHP tasks (01/01/2016 - 12/31/2016)

Task	Planned	Actual	Notes
SMHP Revision	9/1/2016	TBD	A comprehensive revision is still pending in order to gain more understanding of HIE needs in California

5. Staffing Levels and Changes

Roles	Planned FTEs	Actual FTEs	Notes
Operational Staff	22	19	
IT Staff	13	13	SLR Development & Other Deliverables. Fixed Price Bid. Vendor staff
Auditing Staff	2	2	
New Staff this Quarter	0	0	

6. EP/EH Counts and Amount Paid (Total since start of program)

Type	Planned	Actual	Notes
EP AIU Counts	10000	18221	
EP AIU Paid Amount	$212,500,000.00	$385,545,880.64	
EP MU Counts	0	10578	
EP MU Paid Amount	$ -	$93,845,667.08	
EH AIU Counts	250	258	Payment reports reconciled
EH AIU Paid Amount	$10,000.00	$389,594,011.42	
EH MU Counts	0	498	
EH MU Paid Amount	$ -	$300,635,813.25	

7. Other Information (01/01/2016 - 12/31/2016)

The last SMHP Update dated 12/28/2012 was approved on 1/30/2013, with addendums submitted to CMS subsequently. An SMHP Addendum for the 2015-2017 Modification Rule was approved by CMS on 03/10/16. A comprehensive update to the SMHP is in process

based on the Companion Guide which CMS issued in June, 2015. We anticipate that a comprehensive update will be completed as early as September 2016.

An IAPD Update, requesting funding for FFY 2016 was submitted to CMS on July 6, 2015, and approved by CMS on November 12, 2015

8. Recoupment / Adjustment Amounts (01/01/2016 - 12/31/2016)

Q2 FFY 16 (Jan - Mar 2016)	Q3 FFY 16 (April - June 2016)	Q4 FFY 16 (July - Sept 2016)	Q1 FFY 17 (Oct - Dec 2016)
$42,500.00			

1. State System

Benchmark	Planned Date	Actual Date	Notes
Registration Implementation	10/3/2011	10/3/2011	Eligible Hospitals 10/03/2011. Group Implementation 11/3/2011. Eligible Professionals 01/03/2012
AIU Attestation Implementation	10/3/2011	10/3/2011	Eligible Hospitals 10/03/2011. Group Implementation 11/3/2011. Eligible Professionals 01/03/2012
Payments Implementation	10/3/2011	10/3/2011	Eligible Hospitals 10/03/2011. Eligible Professionals 5/14/2012
Audits Implementation	10/1/2014	9/1/2014	The Audit Strategy was approved in May 2014 for AIU audits. Eligible Professional post-payment audits and Eligible Hospital post-payment audits began September 2014
MU Attestation	9/27/2012	9/27/2012	
IAPD Expiration Date	9/3/2016	9/30/2016	An IAPD update was submitted to CMS on June 30, 2016 for review and is pending CMS approval.

2. Provider Outreach (01/01/2016 - 12/31/2016)

PO Outreach Activity	Approximate # of Occurrences	Notes	
Meetings	0	OHIT Advisory Board Meetings	The Advisory Board is being reconstituted to reflect progress in EHR implementation and expanded focus on other efforts including Technical Assistance for specialist and beneficiary outreach. Planning for 1 meeting in the second quarter of 2016.
Phone Calls	6	EHR Incentive Program Update Calls	Held by OHIT and attended by various stakeholders, including health care foundations, group administrators, and other health care entities (such as previous regional and local extension centers). The call provides regular program updates as well as announcements and discussion of important items, such as changes to federal requirements, SLR updates, and policy issues.

PO Outreach Activity	Approximate # of Occurrences	Notes	
Phone Calls	6	California Technical Assistance Program (CTAP) Calls	Calls providing updates on program requirements, discussing the requirements of various milestones, HIE, and any other topics that are brought up via email or during discussion.
Social Media	44	EHR Twitter Site:	Continuous. Implemented in 2011. Used daily as a communication tool with the Medi-Cal provider population.
	1	DHCS Stake Holder Newsletter	Continuous. Newsletter to all DHCS stakeholders, advising of meetings, program updates, CMS information and accomplishments.
Other	1	Provider Newsletters	Continuous. Collaborate on articles with Provider Associations.
Other	370	Ongoing Provider Outreach	Continuous. Continued with one-on-one discussion with Providers and Hospitals during the enrollment process.
Meetings	1	Emergency Medical Services Authority stakeholder meeting (April 18-19, 2016)	To discuss HIE in Emergency Medical Services and also leveraging HIT funding per SMD#16003.
Conference	1	California Dental Association conference in Anaheim (May 12-14, 2016)	Staff talked to over 400 dentists about the EHR Incentive Program. We focused on two messages: getting dentists to MU and making sure they understood 2016 was the last year to start the program
Webinar	1	Medical Oncology Association of Southern California (June 1, 2016):	A general overview of the program, including eligibility and application requirements, with emphasis on getting providers in for 2016. Medi-Cal EHR Incentive Program contact information was provided for additional assistance.
Article	1	Rural Health Clinic Association's monthly newsletter (May 31, 2016)	A general overview of the program, including eligibility and application requirements, with emphasis on getting providers in for 2016. Medi-Cal EHR Incentive Program contact information was provided for additional assistance

3. Auditing (01/01/2016 - 12/31/2016)

Benchmark	Planned	Actual	Notes
EP AIU Audits	208	53	100% Pre-payment validation. The Audit Strategy was approved in May 2014. 53 EP post-payment audits have been completed with no adverse findings for the April - June 2016 quarter.
EP MU Audits	0	0	Post payment audits will commence upon approval of the MU audits plan in the Audit Strategy.
EH Audits	122	0	100% Pre-payment validations; Post-payment reviews to be integrated into normal hospital audits. The Audit Strategy was approved in May 2014.

4. State-Specific SMHP tasks (01/01/2016 - 12/31/2016)

Task	Planned	Actual	Notes
SMHP Revision	9/1/2016	TBD	A comprehensive revision is still pending in order to gain more understanding of HIE needs in California

5. Staffing Levels and Changes

Roles	Planned FTEs	Actual FTEs	Notes
Operational Staff	22	18	Four current vacancies
IT Staff	13	13	SLR Development & Other Deliverables. Fixed Price Bid. Vendor staff
Auditing Staff	2	2	
New Staff this Quarter	0	0	

6. EP/EH Counts and Amount Paid (Total since start of program)

Type	Planned	Actual	Notes
EP AIU Counts	10000	19422	
EP AIU Paid Amount	$212,500,000.00	$411,054,380.64	
EP MU Counts	0	10613	
EP MU Paid Amount	$ -	$94,194,167.08	
EH AIU Counts	250	258	Payment reports reconciled
EH AIU Paid Amount	$375,000,000.00	$389,594,011.42	
EH MU Counts	0	549	
EH MU Paid Amount	$ -	$314,454,453.46	

7. Other Information (01/01/2016 - 12/31/2016)

The last SMHP Update dated 12/28/2012 was approved on 1/30/2013, with addendums submitted to CMS subsequently. An SMHP Addendum for the 2015-2017 Modification Rule was approved by CMS on 03/10/16. A comprehensive update to the SMHP is in process based on the Companion Guide which CMS issued in June, 2015. We anticipate that a comprehensive update will be completed as early as September 2016.

An IAPD Update, requesting funding for FFY 2017 was submitted to CMS for review and approval on June 30, 2016.

Instructions: Complete the following as it relates to your Medicaid EHR Annual Data submission

Questions	Response	
Report as of Date:	3/31/2016	
Total Unduplicated Providers Reported:	28800	
MU Unduplicated Providers Reported:	10578	
Number of FQHCs that operate in your State:	296	
Select all MU Data types that will be entered:	Yes	Stage 1 MU_2011/2012
	Yes	Stage 1 MU_2013
	Yes	Stage 1 MU_2014
	Yes	Stage 2 MU_2014
	No	MU 2015

Instructions: Select the topic to enter your Medicaid EHR Annual Data. The status column will indicate if the topic has been completed, In Progress, or if it is Not Started.

Annual Data Report Topic	Status
AIU_MU Summary Data	Completed
MU Measure Data	Completed
CQM Data	Completed

AIU_MU Summary Data

Instructions: Enter the total number of FQHCs, which have been assigned a payment by at least one EP (broken down by AIU and MU) since the inception of the state's EHR Incentive Program.

Section 1.1 FQHC	For AIU	For MU
How many unique FQHCs have been assigned a payment by at least one EP from the inception of the program until March 31st	0	0

Medicaid Only Provider Types and Practices

Instructions: Enter the total number of Optometrists and Children's Hospitals who have received AIU and MU payments since the inception of the state's EHR Incentive Program.

Section 1.2 Medicaid Only Provider Types and Practices		
Provider Type	**Total # Providers AIU**	**Total # Providers MU**
Optometrist	61	4
Children's Hospital	9	14

Stage 1 MU Measure Data 2011 / 2012

Core MU Measures

Instructions: Provide the statistical data listed in the headings below for the Aggregate Measure data for each Meaningful Use Core Measure. The statistical data Average and Standard Deviation is representative of the aggregate measure responses to meet the threshold (yes=100%). The number of exclusions is a count by providers who selected the exclusion and the percentage is the percent of providers who selected an exclusion. If the state does not have information to enter into a cell, they may enter zero. “Exclusion %” and “# of unique providers who met the Threshold” will be automatically calculated.

Core Meaningful Use Measure	Average Mean	Standard Deviation	# of Exclusions	Exclusion %	# of unique providers attested to the measure	# of unique providers who met the threshold
EPCMU 01 CPOE for Medication Orders	91	13	227	11%	2056	1829
EPCMU 02 Drug Interaction Checks					2056	2056
EPCMU 03 Maintain Problem List	97	5			2056	
EPCMU 04 ePrescribing	89	13	330	16%	2056	1726
EPCMU 05 Active Medication Problem List	96	5			2056	
EPCMU 06 Medication Allergy List	97	4			2056	
EPCMU 07 Record Demographics	94	9			2056	
EPCMU 08 Record Vital Signs	91	10	37	1%	2056	2019
EPCMU 09 Record Smoking Status	89	12	10	0%	2056	2046
EPCMU 10 Clinical Quality Measures					2056	
EPCMU 11 Clinical Decision Support Rule					2056	
EPCMU 12 Electronic Copy of Health Information	98	6	1606	78%	2056	450
EPCMU 13 Clinical Summaries	81	15	26	1%	2056	2030
EPCMU 14 Electronic Exchange of Clinical Information					2056	
EPCMU 15 Protect Electronic Health Information					2056	

Menu MU Measures

Instructions: Provide the statistical data listed in the headings below for the Aggregate Measure data for each Meaningful Use Core Measure. The statistical data Average and Standard Deviation is representative of the aggregate measure responses to meet the threshold (yes=100%). The number of exclusions is a count by providers who selected the exclusion and the percentage is the percent of providers who selected an exclusion. The number of deferrals is the count of providers who did not select the measure and the percentage is the percent of providers who did not select the measure.

Menu Meaningful Use Measure	Average Mean	Standard Deviation	# of Exclusions	Exclusion %	# of Deferrals	Deferral %	# of unique providers attested to the measure	# of unique providers who met the threshold
EPMMU 01 Drug Formulary Checks			248	17%	622	6%	1434	1186
EPMMU 02 Clinical Lab Test Results	91	14	53	3%	455	4%	1601	1548
EPMMU 03 Patient Lists					863	8%	1193	0
EPMMU 04 Patient Reminders	66	26	50	16%	1740	16%	316	266
EPMMU 05 Patient Electronic Access	90	21	32	5%	1430	14%	626	594
EPMMU 06 Patient Specific Education Resources	64	28			640	6%	1416	
EPMMU 07 Medication Reconciliation	89	14	101	10%	1072	10%	984	883
EPMMU 08 Transitiona of Care Summary	90	13	122	27%	1600	15%	456	334
EPMMU 09 Immunization Registries Data Submission			690	45%	151	1%	1541	851
EPMMU 10 Syndromic Surveillance Data Submission			650	93%	1353	13%	702	52

Stage 1 MU Measure Data 2013

Core MU Measures

Instructions: Provide the statistical data listed in the headings below for the Aggregate Measure data for each Meaningful Use Core Measure. The statistical data Average and Standard Deviation is representative of the aggregate measure responses to meet the threshold (yes=100%). The number of exclusions is a count by providers who selected the exclusion and the percentage is the percent of providers who selected an exclusion. If the state does not have information to enter into a cell, they may enter zero. “Exclusion %” and “# of unique providers who met the Threshold” will be automatically calculated.

Core Meaningful Use Measure	Average Mean	Standard Deviation	# of Exclusions	Exclusion %	# of unique providers attested to the measure	# of unique providers who met the threshold
EPCMU 01 CPOE for Medication Orders	93	12	383	13%	2993	2610
EPCMU 01 CPOE for Medication Orders (Alternate Measure)	92	13	0	0%	1076	1076
EPCMU 02 Drug Interaction Checks					4069	
EPCMU 03 Maintain Problem List	98	4			4069	
EPCMU 04 ePrescribing	90	13	601	15%	4069	3468
EPCMU 05 Active Medication Problem List	97	4			4069	
EPCMU 06 Medication Allergy List	98	4			4069	
EPCMU 07 Record Demographics	95	9			4070	
EPCMU 08 Record Vital Signs	93	9	64	2%	3106	3042
EPCMU 08A Record Vital Signs (Alternate Measure)	93	9	35	4%	963	928
EPCMU 09 Record Smoking Status	91	11	29	1%	4069	4040
EPCMU 10 Clinical Quality Measures					4069	
EPCMU 11 Clinical Decision Support Rule					4069	
EPCMU 12 Electronic Copy of Health Information	97	8	3138	78%	4043	905
EPCMU 13 Clinical Summaries	83	15	44	1%	4069	4025
EPCMU 15 Protect Electronic Health Information					4069	

Menu MU Measures

Instructions: Provide the statistical data listed in the headings below for the Aggregate Measure data for each Meaningful Use Core Measure. The statistical data Average and Standard Deviation is representative of the aggregate measure responses to meet the threshold (yes=100%). The number of exclusions is a count by providers who selected the exclusion and the percentage is the percent of providers who selected an exclusion. The number of deferrals is the count of providers who did not select the measure and the percentage is the percent of providers who did not select the measure.

Menu Meaningful Use Measure	Average Mean	Standard Deviation	# of Exclusions	Exclusion %	# of Deferrals	Deferral %	# of unique providers attested to the measure	# of unique providers who met the threshold
EPMMU 01 Drug Formulary Checks			519	19%	1276	12%	2793	2274
EPMMU 02 Clinical Lab Test Results	88	15	172	5%	791	7%	3278	3106
EPMMU 03 Patient Lists					1872	18%	2197	
EPMMU 04 Patient Reminders	62	26	99	14%	3359	32%	710	611
EPMMU 05 Patient Electronic Access	74	28	50	6%	3210	30%	859	809
EPMMU 06 Patient Specific Education Resources	64	29			984	9%	3085	0
EPMMU 07 Medication Reconciliation	88	13	256	12%	1946	18%	2123	1867
EPMMU 08 Transitiona of Care Summary	0	0	1	100%	4068	38%	1	0
EPMMU 09 Immunization Registries Data Submission			853	26%	746	7%	3323	2470
EPMMU 10 Syndromic Surveillance Data Submission			935	89%	3024	29%	1045	110

Stage 1 MU Measure Data 2014

Core MU Measures

Instructions: Provide the statistical data listed in the headings below for the Aggregate Measure data for each Meaningful Use Core Measure. The statistical data Average and Standard Deviation is representative of the aggregate measure responses to meet the threshold (yes=100%). The number of exclusions is a count by providers who selected the exclusion and the percentage is the percent of providers who selected an exclusion. If the state does not have information to enter into a cell, they may enter zero. “Exclusion %” and “# of unique providers who met the Threshold” will be automatically calculated.

Core Meaningful Use Measure	Average Mean	Standard Deviation	# of Exclusions	Exclusion %	# of unique providers attested to the measure	# of unique providers who met the threshold
EPCMU 01 CPOE for Medication Orders	96	11	89	18%	485	396
EPCMU 01 CPOE for Medication Orders (Alternate Measur	93	13	42	18%	228	186
EPCMU 02 Drug Interaction Checks					713	
EPCMU 03 Maintain Problem List	98	4			713	
EPCMU 04 ePrescribing	94	10	171	24%	713	542
EPCMU 05 Active Medication Problem List	98	7			713	
EPCMU 06 Medication Allergy List	99	3			713	
EPCMU 07 Record Demographics	96	8			713	
EPCMU 08 Record Vital Signs	97	6	33	5%	713	680
EPCMU 09 Record Smoking Status	96	7	11	2%	713	702
EPCMU 11 Clinical Decision Support Rule					713	
EPCMU 12 Electronic Copy of Health Information	87	16	35	5%	713	678
EPCMU 13 Clinical Summaries	86	15	6	1%	713	
EPCMU 15 Protect Electronic Health Information					713	

Menu MU Measures

Instructions: Provide the statistical data listed in the headings below for the Aggregate Measure data for each Meaningful Use Core Measure. The statistical data Average and Standard Deviation is representative of the aggregate measure responses to meet the threshold (yes=100%). The number of exclusions is a count by providers who selected the exclusion and the percentage is the percent of providers who selected an exclusion. The number of deferrals is the count of providers who did not select the measure and the percentage is the percent of providers who did not select the measure.

Menu Meaningful Use Measure	Average Mean	Standard Deviation	# of Exclusions	Exclusion %	# of Deferrals	Deferral %	# of unique providers attested to the measure	# of unique providers who met the threshold
EPMMU 01 Drug Formulary Checks			32	6%	168	2%	545	513
EPMMU 02 Clinical Lab Test Results	94	11	26	4%	119	1%	594	568
EPMMU 03 Patient Lists					361	3%	352	
EPMMU 04 Patient Reminders	60	27	21	8%	464	4%	249	228
EPMMU 06 Patient Specific Education Resources	79	28			85	1%	634	
EPMMU 07 Medication Reconciliation	91	13	23	4%	130	1%	583	560
EPMMU 08 Transitiona of Care Summary	85	14	38	17%	494	5%	219	181
EPMMU 09 Immunization Registries Data Submission			56	9%	63	1%	650	594
EPMMU 10 Syndromic Surveillance Data Submission			55	34%	550	5%	163	108

Stage 2 MU Measure Data 2014

Core MU Measures

Instructions: Provide the statistical data listed in the headings below for the Aggregate Measure data for each Meaningful Use Core Measure. The statistical data Average and Standard Deviation is representative of the aggregate measure responses to meet the threshold (yes=100%). The number of exclusions is a count by providers who selected the exclusion and the percentage is the percent of providers who selected an exclusion. If the state does not have information to enter into a cell, they may leave it blank.

Core Meaningful Use Measure	Average Mean	Standard Deviation	# of Exclusions	Exclusion %	# of unique providers attested to the measure	# of unique providers who met the threshold
EP2CMU 01 CPOE for Medication Orders - Measure 1	96	6	34	38%	90	56
EP2CMU 01 CPOE for Radiology Orders - Measure 2	96	10	69	77%	90	21
EP2CMU 01 CPOE for Laboratory Orders - Measure 3	89	12	39	43%	90	51
EP2CMU 02 ePrescribing	87	9	33	37%	90	57
EP2CMU 03 Record Demographics	97	3			90	
EP2CMU 04 Record Vital Signs	98	4	20	22%	90	70
EP2CMU 05 Record Smoking Status	97	4	0	0%	90	90
EP2CMU 06 Clinical Decision Support – Measure 1					90	
EP2CMU 06 CDS – Drug Interaction Checks – Measure 2			30	33%	90	60
EP2CMU 07 Provide patients the ability to view online, download, and transmit health information – Measure 1	31	14	3	3%	90	87
EP2CMU 07 Provide patients the ability to view online, download, and transmit health information – Measure 2 - Patient Accessed the data	94	9	1	1%	90	89
EP2CMU 08 Clinical Summaries	87	13	0	0%	90	90
EP2CMU 09 Protect Electronic Health Information					90	
EP2CMU 10 Clinical Lab – Test Results	96	8	7	8%	90	83
EP2CMU 11 Patient Lists					90	
EP2CMU 12 Preventative Care	61	18	0	0%	90	90
EP2CMU 13 Patient -Specific Education Resources	93	15%	0	0%	90	90
EP2CMU 14 Medication Reconciliation	96	8	2	2%	90	88
EP2CMU 15 Summary of Care – Measure 1	72	8	84	93%	90	6
EP2CMU 15 Summary of Care – Measure 2	48	29	85	94%	90	5
EP2CMU 15 Summary of Care – Measure 3	48	29	85	94%	90	5
EP2CMU 15 Summary of Care – Measure 3			85	94%	90	5
EP2CMU 16 Immunization Registries Data Submission			5	6%	90	85
EP2CMU 17 Use Secure Electronic Messaging	10	5	5	6%	90	85

Menu MU Measures

Instructions: Provide the statistical data listed in the headings below for the Aggregate Measure data for each Meaningful Use Core Measure. The statistical data Average and Standard Deviation is representative of the aggregate measure responses to meet the threshold (yes=100%). The number of exclusions is a count by providers who selected the exclusion and the percentage is the percent of providers who selected an exclusion. The number of deferrals is the count of providers who did not select the measure and the percentage is the percent of providers who did not select the measure

Menu Meaningful Use Measure	Average Mean	Standard Deviation	# of Exclusions	Exclusion %	# of Deferrals	Deferral %	# of unique providers attested to the measure	# of unique providers who met the threshold
EP2MMU 01 Syndromic Surveillance Data Submission			10	12%	6	0%	84	74
EP2MMU 02 Electronic Notes	98	6	0	0%	0	0%	90	90
EP2MMU 03 Imaging Results	62	37	4	44%	81	1%	9	5
EP2MMU 04 Family Health History	55	20	0	0%	2	0%	88	88
EP2MMU 05 Report Cancer Cases			5	50%	80	1%	10	5
EP2MMU 06 Report Specific Cases			4	36%	79	1%	11	7

Core and Alternative Core Clinical Quality Measures 2011-2013

Core Clinical Quality Measures

Instructions: Provide the statistical data listed in the headings below for the aggregate measure data for each core clinical quality measure. The statistical data average, standard deviation, lowest and highest is representative of the aggregate measure responses to meet the threshold. Please note that exclusion count and percentage represents the providers who entered data for an exclusion on the measure (when applicable) that was greater than 0.

Core Clinical Qaulity Measures	Average (Mean)	Standard Deviation	# of Exclusions	Exclusion %	# of providers who entered 0 in the denominator
CCQM 1 - NQF 0013 Hypertesion: Blood Pressure Measurement	56	48			2385
CCQM 2 - NQF 0028 a. Tobacco Use Assessment	70	41			953
CCQM 2 - NQF 0028 b. Tobacco Cessation Intervention	26	35			2235
CCQM 3 - NQF 0421 Adult Weight Screening and Follow-up (Populatic	30	32	828	14	2175
CCQM 3 - NQF 0421 Adult Weight Screening and Follow-up (Populatic	31	28	1484	24	1212

Alternate Core Clinical Quality Measures

Instructions: Provide the statistical data listed in the headings below for the aggregate measure data for each alternate core clinical quality measure selected by a provider during attestation. The statistical data average and standard deviation is representative of the aggregate measure responses to meet the threshold. Please note that Exclusion count and percentage represents the providers who entered data for an exclusion on the measure (when applicable) that was greater than 0. The # of unduplicated providers who selected column refers to the count of unique providers who selected the measure.

Alternate Core Clinical Qaulity Measures	Average	Standard Deviation	# of Exclusions	Exclusion %	# of unduplicated providers who selected	# of providers who entered 0 in the denominator
ACCQM 1 - NQF 0024 Weight Assessment and Counseling for Children and Adolescents - Population 1 - Numerator 1	64	43			2097	359
ACCQM 1 - NQF 0024 Weight Assessment and Counseling for Children and Adolescents - Population - 1 Numerator 2	22	30			2097	390
ACCQM 1 - NQF 0024 Weight Assessment and Counseling for Children and Adolescents - Population 1 - Numerator 3	21	32			2097	389
ACCQM 1 - NQF 0024 Weight Assessment and Counseling for Children and Adolescents - Population 2 - Numerator 1	55	45			2097	577
ACCQM 1 - NQF 0024 Weight Assessment and Counseling for Children and Adolescents - Population 2 - Numerator 2	18	28			2097	599
ACCQM 1 - NQF 0024 Weight Assessment and Counseling for Children and Adolescents - Population 2 - Numerator 3	17	29				588
ACCQM 1 - NQF 0024 Weight Assessment and Counseling for Children and Adolescents - Population 3 - Numerator 1	62	44			2097	394
ACCQM 1 - NQF 0024 Weight Assessment and Counseling for Children and Adolescents - Population 3 - Numerator 2	20	28			2097	417
ACCQM 1 - NQF 0024 Weight Assessment and Counseling for Children and Adolescents - Population 3 - Numerator 3	18	28			2097	466
ACCQM 2 - NQF 0038 Childhood Immunization Status Numerator 1	38	38			1185	268
ACCQM 2 - NQF 0038 Childhood Immunization Status Numerator 2	36	37			1185	269
ACCQM 2 - NQF 0038 Childhood Immunization Status Numerator 3	37	38			1185	269
ACCQM 2 - NQF 0038 Childhood Immunization Status Numerator 4	34	39			1185	270
ACCQM 2 - NQF 0038 Childhood Immunization Status Numerator 5	41	40			1185	270
ACCQM 2 - NQF 0038 Childhood Immunization Status Numerator 6	48	40			1185	269
ACCQM 2 - NQF 0038 Childhood Immunization Status Numerator 7	42	39			1185	271
ACCQM 2 - NQF 0038 Childhood Immunization Status Numerator 8	27	33			1185	270
ACCQM 2 - NQF 0038 Childhood Immunization Status Numerator 9	43	40			1185	272
ACCQM 2 - NQF 0038 Childhood Immunization Status Numerator 10	35	36			1185	270
ACCQM 2 - NQF 0038 Childhood Immunization Status Numerator 11	27	33			1185	274
ACCQM 2 - NQF 0038 Childhood Immunization Status Numerator 12	33	37			1185	276
ACCQM 3 - NQF 0041 Preventive Care and Screening: Influenza Immunization for Patients ≥ 50 Years Old	4	16	16	2	975	774

Additional Clinical Quality Measure Selection 2011-2013

Instructions: Select the clinical quality measures from the list below for which providers have submitted clinical quality measures (CQM) data including those responded to as zero. If you wish to enter from a complete list of CQMs you may click on the Select All link below to choose all the CQMs listed. The selected CQMs will be on the following screen to allow entry of the data for those measures.

Measure	Title
NQF 0001	Asthma Assessment
NQF 0002	Appropriate Testing for Children with Pharyngitis
NQF 0004	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment - Population 1 - Numerator 1
NQF 0004	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment - Population 1 - Numerator 2
NQF 0004	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment - Population 2 - Numerator 1
NQF 0004	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment - Population 2 - Numerator 2
NQF 0004	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment - Population 3 - Numerator 1
NQF 0004	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment - Population 3 - Numerator 2
NQF 0012	Prenatal Care: Screening for Human Immunodeficiency Virus (HIV)
NQF 0014	Prenatal Care: Anti-D Immune Globulin
NQF 0018	Controlling High Blood Pressure
NQF 0027a	Smoking and Tobacco Use Cessation, Medical assistance: a. Advising Smokers and Tobacco Users to Quit
NQF 0027b	Smoking and Tobacco Use Cessation, Medical assistance: b. Discussing Smoking and Tobacco Use Cessation Medications or c. Discussing Smoking and Tobacco Use Cessation Strategies
NQF 0031	Breast Cancer Screening
NQF 0032	Cervical Cancer Screening
NQF 0033	Chlamydia Screening for Women Population 1
NQF 0033	Chlamydia Screening for Women Population 2
NQF 0033	Chlamydia Screening for Women Population 3
NQF 0034	Colorectal Cancer Screening
NQF 0036	Use of Appropriate Medications for Asthma Population 1
NQF 0036	Use of Appropriate Medications for Asthma Population 2
NQF 0036	Use of Appropriate Medications for Asthma Population 3
NQF 0043	Pneumonia Vaccination Status for Older Adults
NQF 0047	Asthma Pharmacologic Therapy
NQF 0052	Low Back Pain: Use of Imaging Studies
NQF 0055	Diabetes: Eye Exam
NQF 0056	Diabetes: Foot Exam
NQF 0059	Diabetes: Hemoglobin A1c Poor Control
NQF 0061	Diabetes: Blood Pressure Management

Measure	Title
NQF 0062	Diabetes: Urine Screening
NQF 0064	Diabetes Low Density Lipoprotein (LDL) Management and Control Numerator 1
NQF 0064	Diabetes Low Density Lipoprotein (LDL) Management and Control Numerator 2
NQF 0067	Coronary Artery Disease (CAD): Oral Antiplatelet Therapy Prescribed for Patients with CAD
NQF 0068	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic
NQF 0070	Coronary Artery Disease (CAD): Beta-Blocker Therapy for CAD Patients with Prior Myocardial Infarction (MI)
NQF 0073	Ischemic Vascular Disease (IVD): Blood Pressure Management
NQF 0074	Coronary Artery Disease (CAD): Drug Therapy for Lowering LDL-Cholesterol
NQF 0075	Ischemic Vascular Disease (IVD): Complete Lipid Panel and LDL Control Numerator 1
NQF 0075	Ischemic Vascular Disease (IVD): Complete Lipid Panel and LDL Control Numerator 2
NQF 0081	Heart Failure (HF): Angiotensin- Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)
NQF 0083	Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)
NQF 0084	Heart Failure (HF): Warfarin Therapy Patients with Atrial Fibrillation
NQF 0086	Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation
NQF 0088	Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy
NQF 0089	Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care
NQF 0105	Anti-depressant medication management: (a) Effective Acute Phase Treatment, (b) Effective Continuation Phase Treatment Numerator 1
NQF 0105	Anti-depressant medication management: (a) Effective Acute Phase Treatment, (b) Effective Continuation Phase Treatment Numerator 2
NQF 0385	Oncology Colon Cancer: Chemotherapy for Stage III Colon Cancer Patients
NQF 0387	Oncology Breast Cancer: Hormonal Therapy for Stage IC-IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer
NQF 0389	Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients
NQF 0575	Diabetes: Hemoglobin A1c Control (<8.0%)

Additional Clinical Quality Measures Data Entry 2011-2013

Instructions: Provide the statistical data listed in the headings below for the aggregate measure data for each alternate core clinical quality measure selected by a provider during attestation. The statistical data average and standard deviation is representative of the aggregate measure responses to meet the threshold. Please note that exclusion count and percentage represents the providers who entered data for an exclusion on the measure (when applicable) that was greater than 0. The # of unduplicated providers who selected column refers to the count of unique providers who selected the measure.

Additional Core Meaningful Use Measure	Average (Mean)	Standard Deviation	# of Exclusions	Exclusion %	# of unduplicated providers who selected	# of providers who entered 0 in the denominator
ACQM 1 - NQF 0001 Asthma Assessment	15	31			1207	215
ACQM 2 - NQF 0002 Appropriate Testing for Children with Pharyngitis	49	40			1078	184
ACQM 3 - NQF 0004 Initiation and Engagement of Alcohol and Other Drug Dependence Treatment - Population 1 - Numerator 1	15	32			77	49
ACQM 3 - NQF 0004 Initiation and Engagement of Alcohol and Other Drug Dependence Treatment - Population 1 - Numerator 2	9	23			77	51
ACQM 3 - NQF 0004 Initiation and Engagement of Alcohol and Other Drug Dependence Treatment - Population 2 - Numerator 1	14	32			77	51
ACQM 3 - NQF 0004 Initiation and Engagement of Alcohol and Other Drug Dependence Treatment - Population 2 - Numerator 2	8	22			77	51
ACQM 3 - NQF 0004 Initiation and Engagement of Alcohol and Other Drug Dependence Treatment - Population 3 - Numerator 1	14	32			77	50
ACQM 3 - NQF 0004 Initiation and Engagement of Alcohol and Other Drug Dependence Treatment - Population 3 - Numerator 2	7	22			77	50
ACQM 4 - NQF 0012 Prenatal Care: Screening for Human Immunodeficiency Virus (HIV)	38	45	2	2	105	42
ACQM 5 - NQF 0014 Prenatal Care: Anti-D Immune Globulin	36	46	1	4	25	13
ACQM 6 - NQF 0018 Controlling High Blood Pressure	54	29			1454	180
ACQM 7 - NQF 0027 a Smoking and Tobacco Use Cessation, Medical assistance: a. Advising Smokers and Tobacco Users to Quit	16	27	0	0	794	116
ACQM 7 - NQF 0027 b Smoking and Tobacco Use Cessation, Medical assistance: b. Discussing Smoking and Tobacco Use Cessation Medications or c. Discussing Smoking and Tobacco Use Cessation Strategies	16	27	0	0	794	116
ACQM 8 - NQF 0031 Breast Cancer Screening	29	28			1285	123
ACQM 9 - NQF 0032 Cervical Cancer Screening	44	31			1340	89
ACQM 10 - NQF 0033 Chlamydia Screening for Women Population 1	48	40	125	16	784	68
ACQM 10 - NQF 0033 Chlamydia Screening for Women Population 2	41	42	70	9	784	188
ACQM 10 - NQF 0033 Chlamydia Screening for Women Population 3	42	42	65	8	784	213
ACQM 11 - NQF 0034 Colorectal Cancer Screening	22	23	218	40	551	31
ACQM 12 - NQF 0036 Use of Appropriate Medications for Asthma Population 1	54	33	173	14	1210	110
ACQM 12 - NQF 0036 Use of Appropriate Medications for Asthma Population 2	52	33	187	15	1210	116
ACQM 12 - NQF 0036 Use of Appropriate Medications for Asthma Population 3	56	31	266	22	1210	71
ACQM 13 - NQF 0043 Pneumonia Vaccination Status for Older Adults	40	32			463	37
ACQM 14 - NQF 0047 Asthma Pharmacologic Therapy	67	36	21	2	1211	171
ACQM 15 - NQF 0052 Low Back Pain: Use of Imaging Studies	85	33			113	12
ACQM 16 - NQF 0055 Diabetes: Eye Exam	22	34	24	12	208	44
ACQM 17 - NQF 0056 Diabetes: Foot Exam	26	30	64	20	319	42
ACQM 18 - NQF 0059 Diabetes: Hemoglobin A1c Poor Control	20	27	375	24	1550	128
ACQM 19 - NQF 0061 Diabetes: Blood Pressure Management	44	31	384	21	1841	178
ACQM 20 - NQF 0062 Diabetes: Urine Screening	70	31	66	21	319	14
ACQM 21 - NQF 0064 Diabetes Low Density Lipoprotein (LDL) Management and Control Numerator 1	26	27	351	26	1341	106
ACQM 21 - NQF 0064 Diabetes Low Density Lipoprotein (LDL) Management and Control Numerator 2	16	18	0	0	1341	119

Additional Core Meaningful Use Measure	Average (Mean)	Standard Deviation	# of Exclusions	Exclusion %	# of unduplicated providers who selected	# of providers who entered 0 in the denominator
ACQM 22 - NQF 0067 Coronary Artery Disease (CAD): Oral Antiplatelet Therapy Prescribed for Patients with CAD	57	37	13	24	55	5
ACQM 23 - NQF 0068 Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	64	27			58	1
ACQM 24 - NQF 0070 Coronary Artery Disease (CAD): Beta-Blocker Therapy for CAD Patients with Prior Myocardial Infarction (MI)	39	40	4	22	18	6
ACQM 25 - NQF 0073 Ischemic Vascular Disease (IVD): Blood Pressure Management	71	25			46	3
ACQM 26 - NQF 0074 Coronary Artery Disease (CAD): Drug Therapy for Lowering LDL-Cholesterol	66	33	11	21	52	6
ACQM 27 - NQF 0075 Ischemic Vascular Disease (IVD): Complete Lipid Panel and LDL Control Numerator 1	58	33			22	2
ACQM 27 - NQF 0075 Ischemic Vascular Disease (IVD): Complete Lipid Panel and LDL Control Numerator 2	38	27			22	3
ACQM 28 - NQF 0081 Heart Failure (HF): Angiotensin- Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)	50	50	0	0	2	1
ACQM 29 - NQF 0083 Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)	20	40	0	0	5	4
ACQM 30 - NQF 0084 Heart Failure (HF): Warfarin Therapy Patients with Atrial Fibrillation	41	39	1	13	8	2
ACQM 31 - NQF 0086 Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation	78	32	1	6	18	1
ACQM 32 - NQF 0088 Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy	47	42	1	4	23	5
ACQM 33 - NQF 0089 Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care	39	47	1	8	12	4
ACQM 34 - NQF 0105 Anti-depressant medication management: (a) Effective Acute Phase Treatment, (b) Effective Continuation Phase Treatment Numerator 1	63	41			35	5
ACQM 34 - NQF 0105 Anti-depressant medication management: (a) Effective Acute Phase Treatment, (b) Effective Continuation Phase Treatment Numerator 2	56	40	0	0	35	4
ACQM 35 - NQF 0385 Oncology Colon Cancer: Chemotherapy for Stage III Colon Cancer Patients	0	0	0	0	3	3
ACQM 36 - NQF 0387 Oncology Breast Cancer: Hormonal Therapy for Stage IC-IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer	0	0	4	67	6	6
ACQM 37 - NQF 0389 Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients	24	42	1	25	4	3
ACQM 38 - NQF 0575 Diabetes: Hemoglobin A1c Control (<8.0%)	33	26	162	23	721	52

Clinical Quality Measure Selection 2014

Instructions: Select the clinical quality measures from the list below for which providers have submitted clinical quality measure (CQM) data including those responded to as zero. If you wish to enter from the complete list of CQMs you may click on the Select All Link Below to Choose all the CQMs listed. The selected CQMs will be on the following screen to allow entry of the data for the measures.

Measure	Title
CMS 146	Appropriate Testing for Children with Pharyngitis
CMS 137	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment - Stratum 1 - Numerator 1
CMS 137	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment - Stratum 1 - Numerator 2
CMS 137	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment - Stratum 2 - Numerator 1
CMS 137	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment - Stratum 2 - Numerator 2
CMS 137	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment - Stratum 3 - Numerator 1
CMS 137	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment - Stratum 3 - Numerator 2
CMS 165	Controlling High Blood Pressure
CMS 156	Use of High-Risk Medications in the Elderly - Numerator 1
CMS 156	Use of High-Risk Medications in the Elderly - Numerator 2
CMS 155	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents - Stratum 1 - Numerator 1
CMS 155	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents - Stratum 1 - Numerator 2
CMS 155	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents - Stratum 1 - Numerator 3
CMS 155	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents - Stratum 2 - Numerator 1
CMS 155	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents - Stratum 2 - Numerator 2
CMS 155	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents - Stratum 2 - Numerator 3
CMS 155	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents - Stratum 3 - Numerator 1
CMS 155	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents - Stratum 3 - Numerator 2
CMS 155	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents - Stratum 3 - Numerator 3
CMS 138	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
CMS 125	Breast Cancer Screening
CMS 124	Cervical Cancer Screening
CMS 153	Chlamydia Screening for Women - Stratum 1
CMS 153	Chlamydia Screening for Women - Stratum 2
CMS 153	Chlamydia Screening for Women - Stratum 3

Measure	Title
CMS 130	Colorectal Cancer Screening
CMS 126	Use of Appropriate Medications for Asthma - Stratum 1
CMS 126	Use of Appropriate Medications for Asthma - Stratum 2
CMS 126	Use of Appropriate Medications for Asthma - Stratum 3
CMS 126	Use of Appropriate Medications for Asthma - Stratum 4
CMS 126	Use of Appropriate Medications for Asthma - Stratum 5
CMS 117	Childhood Immunization Status
CMS 147	Preventive Care and Screening: Influenza Immunization
CMS 127	Pneumonia Vaccination Status for Older Adults
CMS 166	Use of Imaging Studies for Low Back Pain
CMS 131	Diabetes: Eye Exam
CMS 123	Diabetes: Foot Exam
CMS 122	Diabetes: Hemoglobin A1c Poor Control
CMS 148	Hemoglobin A1c Test for Pediatric Patients
CMS 134	Diabetes: Urine Protein Screening
CMS 163	Diabetes: Low Density Lipoprotein (LDL) Management
CMS 164	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic
CMS 154	Appropriate Treatment for Children with Upper Respiratory Infection (URI)
CMS 145	Coronary Artery Disease (CAD): Beta-Blocker Therapy—Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF <40%) - Population 1
CMS 145	Coronary Artery Disease (CAD): Beta-Blocker Therapy—Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF <40%) - Population 2
CMS 182	Ischemic Vascular Disease(IVD): Complete Lipid Panel and LDL Control - Numerator 1
CMS 182	Ischemic Vascular Disease(IVD): Complete Lipid Panel and LDL Control - Numerator 2
CMS 135	Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)
CMS 144	Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)
CMS 143	Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation
CMS 167	Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy
CMS 142	Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care
CMS 139	Falls: Screening for Future Fall Risk
CMS 161	Major Depressive Disorder (MDD): Suicide Risk Assessment
CMS 128	Anti-depressant Medication Management - Numerator 1
CMS 128	Anti-depressant Medication Management - Numerator 2
CMS 136	ADHD: Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication - Population 1
CMS 136	ADHD: Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication - Population 2
CMS 169	Bipolar Disorder and Major Depression: Appraisal for alcohol or chemical substance use
CMS 157	Oncology: Medical and Radiation – Pain Intensity Quantified

Measure	Title
CMS 141	Colon Cancer: Chemotherapy for AJCC Stage III Colon Cancer Patients
CMS 140	Breast Cancer: Hormonal Therapy for Stage IC-IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer
CMS 129	Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients
CMS 62	HIV/AIDS: Medical Visit
CMS 52	HIV/AIDS: Pneumocystis jiroveci pneumonia (PCP) Prophylaxis - Population 1
CMS 52	HIV/AIDS: Pneumocystis jiroveci pneumonia (PCP) Prophylaxis - Population 2
CMS 52	HIV/AIDS: Pneumocystis jiroveci pneumonia (PCP) Prophylaxis - Population 3
CMS 77	HIV/AIDS: RNA control for Patients with HIV
CMS 2	Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan
CMS 68	Documentation of Current Medications in the Medical Record
CMS 69	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up - Population 1
CMS 69	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up - Population 2
CMS 132	Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures
CMS 133	Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery
CMS 158	Pregnant women that had HBsAg testing
CMS 159	Depression Remission at Twelve Months
CMS 160	Depression Utilization of the PHQ-9 Tool - Population 1
CMS 160	Depression Utilization of the PHQ-9 Tool - Population 2
CMS 160	Depression Utilization of the PHQ-9 Tool - Population 3
CMS 75	Children who have dental decay or cavities
CMS 177	Child and Adolescent Major Depressive Disorder: Suicide Risk Assessment
CMS 82	Maternal depression screening
CMS 74	Primary Caries Prevention Intervention as Offered by Primary Care Providers, including Dentists - Stratum 1
CMS 74	Primary Caries Prevention Intervention as Offered by Primary Care Providers, including Dentists - Stratum 2
CMS 74	Primary Caries Prevention Intervention as Offered by Primary Care Providers, including Dentists - Stratum 3
CMS 61	Preventive Care and Screening: Cholesterol – Fasting Low Density Lipoprotein (LDL-C) Test Performed - Population 1
CMS 61	Preventive Care and Screening: Cholesterol – Fasting Low Density Lipoprotein (LDL-C) Test Performed - Population 2
CMS 61	Preventive Care and Screening: Cholesterol – Fasting Low Density Lipoprotein (LDL-C) Test Performed - Population 3
CMS 64	Preventive Care and Screening: Risk-Stratified Cholesterol – Fasting Low Density Lipoprotein (LDL-C) - Population 1
CMS 64	Preventive Care and Screening: Risk-Stratified Cholesterol – Fasting Low Density Lipoprotein (LDL-C) - Population 2
CMS 64	Preventive Care and Screening: Risk-Stratified Cholesterol – Fasting Low Density Lipoprotein (LDL-C) - Population 3
CMS 149	Dementia: Cognitive Assessment
CMS 65	Hypertension: Improvement in blood pressure

Measure	Title
CMS 50	Closing the referral loop: receipt of specialist report
CMS 66	Functional status assessment for knee replacement
CMS 56	Functional status assessment for hip replacement
CMS 90	Functional status assessment for complex chronic conditions
CMS 179	ADE Prevention and Monitoring: Warfarin Time in Therapeutic Range
CMS 22	Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented

Clinical Quality Measures Data Entry 2014

Instructions: Provide the statistical data listed in the headings below for the Aggregate Measure data for each Clinical Quality Measure selected by a provider during attestation. The statistical data Average and Standard Deviation is representative of the aggregate measure responses to meet the threshold. Please note that Exclusion or Exception count and percentage represents the providers who entered data for an exclusion or exception on the measure (when applicable) that was greater than 0. The # of unduplicated providers who selected column refers to the count of unique providers who selected the measure.

Additional Core Meaningful Use Measure	Average (Mean)	Standard Deviation	# of Exclusions	Exclusion %	# of Exceptions	Exception %	# of unduplicated providers who selected	# of providers who entered 0 in the denominator
Appropriate Testing for Children with Pharyngitis	44	41	71	78			148	37
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment - Stratum 1 - Numerator 1	13	13	5	71			7	6
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment - Stratum 1 - Numerator 2	0	0	5	71			7	6
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment - Stratum 2 - Numerator 1	0	0	5	71			7	6
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment - Stratum 2 - Numerator 2	0	0	5	71			7	6
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment - Stratum 2 - Numerator 2	0	0	5	71			7	6
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment - Stratum 3 - Numerator 1	13	13	5	71			7	5
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment - Stratum 3 - Numerator 2	0	0	5	71			7	5
Controlling High Blood Pressure	52	25	278	57			484	92
Use of High-Risk Medications in the Elderly - Numerator 1	25	25					330	97
Use of High-Risk Medications in the Elderly - Numerator 2	11	20					330	98
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents - Stratum 1 - Numerator 1	79	36	127	42			305	42
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents - Stratum 1 - Numerator 2	20	25	125	41			305	43
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents - Stratum 1 - Numerator 3	19	25	125	41			305	43
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents - Stratum 2 - Numerator 1	80	36	129	42			305	36
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents - Stratum 2 - Numerator 2	18	25	130	43			305	37
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents - Stratum 2 - Numerator 3	17	23	125	40			305	37
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents - Stratum 3 - Numerator 1	88	26	151	50			305	13
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents - Stratum 3 - Numerator 3	21	26	150	49			305	16
Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	80	27					597	43

Additional Core Meaningful Use Measure	Average (Mean)	Standard Deviation	# of Exclusions	Exclusion %	# of Exceptions	Exception %	# of unduplicated providers who selected	# of providers who entered 0 in the denominator
Breast Cancer Screening	31	30	75	29			257	48
Cervical Cancer Screening	24	27	101	62			163	7
Chlamydia Screening for Women - Stratum 1	25	33	71	34			210	50
Chlamydia Screening for Women - Stratum 2	20	33	65	31			210	84
Chlamydia Screening for Women - Stratum 3	31	34	67	32			210	47
Colorectal Cancer Screening	21	26	81	45			182	45
Use of Appropriate Medications for Asthma - Stratum 1	27	34	27	33			82	60
Use of Appropriate Medications for Asthma - Stratum 2	21	35	26	32			82	62
Use of Appropriate Medications for Asthma - Stratum 3	16	28	26	32			82	66
Use of Appropriate Medications for Asthma - Stratum 4	13	28	26	32			82	71
Use of Appropriate Medications for Asthma - Stratum 5	42	33	27	33			82	42
Childhood Immunization Status	25	25					228	15
Preventive Care and Screening: Influenza Immunization	30	25			577	130	443	20
Pneumonia Vaccination Status for Older Adults	41	29					115	6
Use of Imaging Studies for Low Back Pain	55	44	63	34			187	81
Diabetes: Eye Exam	32	40	3	9			33	7
Diabetes: Foot Exam	29	23	41	42			97	12
Diabetes: Hemoglobin A1c Poor Control	53	33	143	40			361	73
Hemoglobin A1c Test for Pediatric Patients	75	36	11	19			59	10
Diabetes: Urine Protein Screening	37	23	53	36			148	5
Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	73	26					152	6
Appropriate Treatment for Children with Upper Respiratory Infection (URI)	68	29	154	72			228	18
Coronary Artery Disease (CAD): Beta-Blocker Therapy— Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF <40%) - Population 1	19	23			11	100	11	7
Coronary Artery Disease (CAD): Beta-Blocker Therapy— Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF <40%) - Population 2	69	24			3	27	11	6
Ischemic Vascular Disease(IVD): Complete Lipid Panel and LDL Control - Numerator 1	51	17					19	2
Ischemic Vascular Disease(IVD): Complete Lipid Panel and LDL Control - Numerator 2	26	14					19	2
Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)	58	31			21	64	33	12
Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)	26	38			0	0	14	10

Additional Core Meaningful Use Measure	Average (Mean)	Standard Deviation	# of Exclusions	Exclusion %	# of Exceptions	Exception %	# of unduplicated providers who selected	# of providers who entered 0 in the denominator
Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation	1	0			4	100	4	3
Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy	0	0			1	0	1	1
Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care	50	0			1	100	1	0
Falls: Screening for Future Fall Risk	21	30			15	42	36	7
Major Depressive Disorder (MDD): Suicide Risk Assessment	10	10					3	0
Anti-depressant Medication Management - Numerator 1	0	0			0	0	13	8
Anti-depressant Medication Management - Numerator 2	0	0			0	0	13	8
ADHD: Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication - Population 1	44	38	14	39			36	18
ADHD: Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication - Population 2	20	39	9	25			36	27
Bipolar Disorder and Major Depression: Appraisal for alcohol or chemical substance use	0	0					6	6
Oncology: Medical and Radiation – Pain Intensity Quantified	6	16					23	19
Colon Cancer: Chemotherapy for AJCC Stage III Colon Cancer Patients	0	0			1	100	1	1
Breast Cancer: Hormonal Therapy for Stage IC-IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer	0	0			0	0	0	0
Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients	0	0			0	0	9	8
HIV/AIDS: Medical Visit	41	8					5	0
HIV/AIDS: Pneumocystis jiroveci pneumonia (PCP) Prophylaxis - Population 1	0	0			0	0	0	0
HIV/AIDS: Pneumocystis jiroveci pneumonia (PCP) Prophylaxis - Population 2	0	0			0	0	0	0
HIV/AIDS: Pneumocystis jiroveci pneumonia (PCP) Prophylaxis - Population 3	0	0			0	0	0	0
HIV/AIDS: RNA control for Patients with HIV	38	5					5	1
Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan	26	29	91	30	235	77	305	20
Documentation of Current Medications in the Medical Record	76	34			2287	400	572	41
Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up - Population 1	38	30	179	33			539	220
Preventive Care and Screening: Body Mass Index (BMI) Screening and	38	26	284	53			539	45

Additional Core Meaningful Use Measure	Average (Mean)	Standard Deviation	# of Exclusions	Exclusion %	# of Exceptions	Exception %	# of unduplicated providers who selected	# of providers who entered 0 in the denominator
Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures	25	25	6	40			15	13
Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery	0	0	2	100			2	2
Pregnant women that had HBsAg testing	59	27			5	63	8	2
Depression Remission at Twelve Months	42	0	0	0			1	0
Depression Utilization of the PHQ-9 Tool - Population 1	0	0	2	100			2	0
Depression Utilization of the PHQ-9 Tool - Population 2	0	0	2	100			2	0
Depression Utilization of the PHQ-9 Tool - Population 3	19	6	2	100			2	0
Children who have dental decay or cavities	8	20					173	12
Child and Adolescent Major Depressive Disorder: Suicide Risk Assessment	0	0					15	5
Maternal depression screening	0	0					3	1
Primary Caries Prevention Intervention as Offered by Primary Care Providers, including Dentists - Stratum 1	11	24					147	13
Primary Caries Prevention Intervention as Offered by Primary Care Providers, including Dentists - Stratum 2	11	23					147	15
Primary Caries Prevention Intervention as Offered by Primary Care Providers, including Dentists - Stratum 3	10	23					147	15
Preventive Care and Screening: Cholesterol – Fasting Low Density Lipoprotein (LDL-C) Test Performed - Population 1	32	33	34	68	9	18	50	13
Preventive Care and Screening: Cholesterol – Fasting Low Density Lipoprotein (LDL-C) Test Performed - Population 2	10	15	20	40	9	18	50	22
Preventive Care and Screening: Cholesterol – Fasting Low Density Lipoprotein (LDL-C) Test Performed - Population 3	25	26	36	72	9	18	50	9
Preventive Care and Screening: Risk-Stratified Cholesterol – Fasting Low Density Lipoprotein (LDL-C) - Population 1	44	42	4	57	3	43	7	5
Preventive Care and Screening: Risk-Stratified Cholesterol – Fasting Low Density Lipoprotein (LDL-C) - Population 2	57	29	4	57	3	43	7	3
Preventive Care and Screening: Risk-Stratified Cholesterol – Fasting Low Density Lipoprotein (LDL-C) - Population 3	99	1	14	57	3	43	7	2
Dementia: Cognitive Assessment	10	26			0	0	7	3
Hypertension: Improvement in blood pressure	15	23	7	29			24	10
Closing the referral loop: receipt of specialist report	8	23					172	50
Functional status assessment for knee replacement	0	0	3	33			9	7
Functional status assessment for hip replacement	0	0	2	29			7	5
Functional status assessment for complex chronic conditions	6	16	24	40			60	39
ADE Prevention and Monitoring: Warfarin Time in Therapeutic Range	0	0					4	3
Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented	34	25	53	43	159	129	123	10

Use of Clinical Quality Data

Instructions: Please describe in the space below a description of quantitative data on how the incentive program addressed individuals with unique needs such as children.

We have shared clinical quality data on immunizations and other issues with the California Department of Public Health, which is using the data to improve services to children and other groups with unique needs.

If you are ready to submit your Medicaid EHR Annual Data Report, click on the Submit button below. Please note that once you have submitted you Annual Data Report you will no longer be allowed to edit the data submitted.