

## Meaningful Use (Stage 1) Strategy Checklist - 2014

Practice Name: \_\_\_\_\_

Reviewed Check list with (name/s): \_\_\_\_\_

Date(s) Reviewed: \_\_\_\_\_

RI REC Relationship Manager \_\_\_\_\_

Important Steps	Notes/Planning
<input type="checkbox"/> <b>Determine Eligibility &amp; Potential Incentive Payment:</b> 1. Which incentive program are you eligible for? <input type="checkbox"/> <b>Medicaid</b> (minimum 30% of patient volume; 20% patient volume for pediatricians) <input type="checkbox"/> <b>Medicare</b> (incentive dollars related to allowable charges) 2. Eligibility resources: <a href="http://www.cms.gov/EHRIncentivePrograms/15_Eligibility.asp">http://www.cms.gov/EHRIncentivePrograms/15_Eligibility.asp</a> <a href="http://cms.gov/apps/ehealth-eligibility/ehealth-eligibility-assessment-tool.aspx">http://cms.gov/apps/ehealth-eligibility/ehealth-eligibility-assessment-tool.aspx</a> 3. EHR Incentive Payment Schedule for Medicaid and Medicare: <a href="http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Basics.html">http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Basics.html</a>	
<input type="checkbox"/> <b>Verify that you are using a 2014 certified EHR:</b> Go to <a href="http://onc-chpl.force.com/ehrcert">http://onc-chpl.force.com/ehrcert</a> - The Certified HIT Product List (CHPL). To achieve Meaningful Use, Stage 1 in 2014, you need to be <i>meaningfully using</i> a <b>certified version</b> of EHR software for your <i>full 90 day reporting period</i> . If your EHR is not 2014 certified, contact your vendor for an upgrade timeline.  <div style="background-color: yellow;"> <p>If your vendor is unable to obtain 2014 certification or you are unable to implement Meaningful Use due to 2014 EHR certification delays, you must complete a Hardship Exemption application. The link to the application is below. For more information on exemption rules: <a href="http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/CEHRT2014_HEGGuidance_EPS.pdf">http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/CEHRT2014_HEGGuidance_EPS.pdf</a></p> </div> <p><b>Note:</b> New program participants in 2014 must use the eligible hardship exemption form for 2015 and indicate that the reason for hardship is "2014 Vendor Issues". Application must be submitted by 7/1/14. Those currently participating will be eligible for an exemption form for 2016 which will be available after 7/1/14 and select the reason for hardship as "2014 Vendor Issues" and must be submitted by 7/1/15.</p> <p>EP 2015 Hardship Exemption Application (for new program participants): <a href="https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/HardshipException_EP_Application.pdf">https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/HardshipException_EP_Application.pdf</a></p>	
<input type="checkbox"/> <b>Know your NPI number and NPPES web user account login information:</b> Know your National Provider Identifier ( <b>NPI</b> ) and Provider Enumeration System ( <b>NPPES</b> ) web user account login information. Visit website for application instructions: <a href="https://nppes.cms.hhs.gov/NPPES/">https://nppes.cms.hhs.gov/NPPES/</a> or call the NPI Enumerator contact at 800-465-3203 or by email <a href="mailto:customerservice@npienumerator.com">customerservice@npienumerator.com</a> .	
<input type="checkbox"/> <b>Setting up a Proxy - Identity and Access Management (I&amp;A):</b> If you would like to authorize an individual to work on your behalf in the EHR Incentive Program Registration & Attestation system, you will need to permit them access to do so. Refer to instructions in the Medicare or Medicaid EHR Incentive Program Registration or Attestation User Guides. Or, visit website for instructions: <a href="https://nppes.cms.hhs.gov/IAWeb/warning.do?fwdurl=/register/startRegistration.do">https://nppes.cms.hhs.gov/IAWeb/warning.do?fwdurl=/register/startRegistration.do</a> or the call the <b>EHR Incentive Program Information Center at 888-734-6433</b> .	
<input type="checkbox"/> <b>Register for the Medicare or Medicaid EHR Incentive Program:</b> Visit the CMS website to register: <a href="https://ehrincentives.cms.gov/hitech/login.action">https://ehrincentives.cms.gov/hitech/login.action</a> <ul style="list-style-type: none"> <li>• <b>Medicare Registration instructions:</b> <a href="http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/EHRMedicareEP_RegistrationUserGuide.pdf">http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/EHRMedicareEP_RegistrationUserGuide.pdf</a></li> <li>• <b>Medicaid Registration instructions:</b> <a href="http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/EHRMedicaidEP_RegistrationUserGuide.pdf">http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/EHRMedicaidEP_RegistrationUserGuide.pdf</a></li> </ul>	

<input type="checkbox"/>	<p><b>Determine your attestation reporting time period on a 2014 certified EHR:</b></p> <p><b>Medicare:</b>  <u>Stage 1 - Year 1:</u> Demonstrate meaningful use for any consecutive 90 day reporting period. To avoid 2015 Medicare penalty (1%) providers must attest no later than October 1, 2014.  <u>Stage 1 - Year 2 or 3:</u> Demonstrate meaningful use for a 3 month reporting period using a fixed calendar quarter starting on: January 1, April 1, July 1 or October 1, 2014.</p> <p><b>Medicaid:</b>  <u>Year 1:</u> Attest to “<b>A/I/U: adopt, implement or upgrade</b>” OR demonstrate meaningful use for consecutive 90 day period  <u>Year 2 or 3:</u> Demonstrate meaningful use for consecutive 90 day period</p>	
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**Meaningful Use (MU) Penalties - Information and Timeline**  
 Eligible Providers (EP) who can participate in either Medicare or Medicaid EHR Incentive Programs will be subject to Medicare payment adjustments unless they are meaningful users of an EHR\*. The payment adjustments begin on January 1, 2015. EPs must continue to demonstrate meaningful use every year to avoid Medicare payment adjustments in subsequent years. **For Eligible Professionals (EPs) who bill Medicare:**

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

<input type="checkbox"/>	<p><b>Review Meaningful Use Measures:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Core (All 13 are required)</li> <li><input type="checkbox"/> Menu Measures (Choose 5 of 10)</li> <li><input type="checkbox"/> 2014 Clinical Quality Measures (9 of 64)</li> </ul>	
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<input type="checkbox"/>	<p><b>Assess Current Status &amp; Create a Plan to meet Meaningful Use Requirements:</b>        Need help addressing gaps in MU? RI REC Vendor Marketplace consultants are available:  <a href="http://docehrtalk.org/selecting-ehr/vendor-marketplace-participants">http://docehrtalk.org/selecting-ehr/vendor-marketplace-participants</a></p>	
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<input type="checkbox"/>	<p><b>Attest to Meaningful Use &amp; Receive Payment:</b></p> <p><b>Medicare:</b></p> <ul style="list-style-type: none"><li>- <b>Visit the CMS website to attest:</b> <a href="http://www.cms.gov/EHRIncentivePrograms/32_Attestation.asp">http://www.cms.gov/EHRIncentivePrograms/32_Attestation.asp</a></li><li>- <b>Attestation instructions:</b> <a href="http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/downloads/EP_Attestation_User_Guide.pdf">http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/downloads/EP_Attestation_User_Guide.pdf</a></li><li>- <b>Help Desk:</b> EHR Incentive Program Information Center - 888-734-6433</li></ul> <p><b>Medicaid:</b></p> <ul style="list-style-type: none"><li>- <b>Visit the MAPIR website to attest:</b> <a href="https://www.dhs.ri.gov/secure/logonMAPIR.do">https://www.dhs.ri.gov/secure/logonMAPIR.do</a></li><li>- <b>Visit the RI Dept. of Human Services website for attestation instructions:</b> <a href="http://www.eohhs.ri.gov/ProvidersPartners/ElectronicHealthRecordsEHRIncentiveProgram.aspx">http://www.eohhs.ri.gov/ProvidersPartners/ElectronicHealthRecordsEHRIncentiveProgram.aspx</a></li><li>- Obtain RI Medicaid Trading Partner ID</li><li>- Obtain RI Medicaid Provider ID</li><li>- After you register on CMS website, you will receive an email that your R&amp;A System registration has been received and you can proceed to attestation in MAPIR</li><li>- <b>Help Desk: MAPIR Customer Service Help Desk - 1-800-964-6211</b></li><li>-</li></ul>	
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## Meaningful Use Core Objectives and Measures

All of these must be met in order to receive the EHR incentives.		
<input type="checkbox"/>	1. Do you use computerized physician order entry (CPOE) for medication orders and do <b>more than 30%</b> of your patients have at least one medication in their medication list ordered by CPOE? <b>2014:</b> (Optional) Alternate measure: are more than 30% of medication orders created by EP recorded using CPOE?	
<input type="checkbox"/>	2. Is drug-drug and drug-allergy interaction checking enabled in your EHR?	<i>capture screenshot</i>
<input type="checkbox"/>	3. Do you maintain an up-to-date problem list of current and active diagnoses for <b>more than 80%</b> of your patients? Does the problem list have at least one structured entry?	
<input type="checkbox"/>	4. Are <b>more than 40%</b> of your permissible prescriptions sent electronically?	
<input type="checkbox"/>	5. Do you maintain an active medication list for <b>more than 80%</b> of your patients? Does the medication list have at least one structured entry?	
<input type="checkbox"/>	6. Do you maintain an active medication allergy list for <b>more than 80%</b> of your patients? Does the medication allergy list have at least one structure entry?	
<input type="checkbox"/>	7. Do you record demographics, including preferred language, gender, race, ethnicity, date of birth, as structured data for <b>more than 50%</b> of your patients?	
<input type="checkbox"/>	8. Do you record and chart changes in vital signs (height, weight, BP, BMI, and growth charts for children 2-20 yrs.) for <b>more than 50%</b> of patients age 3 and over only; height and weight for all ages as structured data?(see CMS "Stage 1 Changes Tip sheet" for details on new exclusions)	
<input type="checkbox"/>	9. Do you record smoking status for <b>more than 50%</b> of all unique patients 13 years or older?	
<input type="checkbox"/>	10. Have you implemented at least one clinical decision support rule besides drug-drug and drug-allergy interaction checks?	<i>capture screenshot</i>
<input type="checkbox"/>	11. Do you provide <b>more than 50%</b> of your patients the ability to view online, download and transmit (VDT) their health information within 4 business days of information being available to EP? <b>*NEW* Patient portal is required to meet this measure</b>	
<input type="checkbox"/>	12. Do you provide clinical summaries for <b>more than 50%</b> of all office visits within three business days?	
<input type="checkbox"/>	13. Have you conducted a security risk analysis [in accordance with 45 CFR 164.308(a)(1) requirements] for your system <u>prior to or during</u> the EHR reporting period, incorporating any available security updates and correcting all identified deficiencies?	

## Meaningful Use Menu Objectives and Measures

A minimum of <b>five</b> out of these ten must be met in order to receive EHR incentives. One of the achieved menu measures must be public health measure #.		
<input type="checkbox"/>	1. Is drug formulary checking enabled in your EHR? Have you accessed at least one internal or external drug formulary from your EHR?	<i>capture screenshot</i>
<input type="checkbox"/>	2. Do you incorporate clinical lab test results into your EHR as structured data for <b>more than 40%</b> of all clinical lab test results?	
<input type="checkbox"/>	3. Have you generated at least one report of patients by specific condition to use for quality improvement, reduction of disparities, research or outreach?	<i>Produce report</i>
<input type="checkbox"/>	4. Do you send reminders, per patient preference, to <b>more than 20%</b> of unique patients 65 years or older or 5 years old or younger for preventive/follow-up care?	
<input type="checkbox"/>	5. Do you use your EHR to identify patient-specific education resources and provide such resources to <b>more than 10%</b> of unique patients?	
<input type="checkbox"/>	6. Do you perform medication reconciliation for <b>more than 50%</b> of transitions of care?	
<input type="checkbox"/>	7. Do you create and provide a summary of care record for <b>more than 50%</b> of transitions of care or referrals?	
<input type="checkbox"/>	8. Have you submitted at least one test of electronic data to the state's immunization registry, including follow up submission if the test is successful? #	<i>Providers who do not immunize patients 0-18 yrs. old may take an exclusion on this measure</i>
<input type="checkbox"/>	9. Have you submitted at least one test of electronic syndromic surveillance data to public health agencies, including follow up submission if the test is successful? #	<i>The RI Department of Health does not currently have this functionality as of 1.14</i>
	# Beginning in 2013, all of the public health objectives will require that providers perform at least one test of their Certified EHR Technology's capability to send data to public health agencies, except where prohibited.	

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

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

Recommended core CQMs – encouraged but not required

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

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

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

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

### 2014 Reporting Options for EPs

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

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

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

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

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

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



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

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

<b>Additional Notes:</b>				

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