



# CMS Centers for Medicare & Medicaid Services

## Individuals Authorized Access to the CMS Computer Services (IACS)

### Application Login:

**Supporting: CARE; PORTAL; DMEPOS System (Dbids); EHRD; HETS UI; HPG; MARx External Common UI; MARx Integrated UI; System Tracking for Audit and Reimbursement (IUI); Provider Statistical and Reimbursement System (PS&R); IPC; OnePI; PECOSAI; WMS; NPI; APPS**

The Federal Information Security Management Act (FISMA) of 2002 requires that the local system used to access CMS Computer Systems has up-to-date operating system patches and is running anti-virus software.

You must have an IACS User ID and Password to login to the Communities and Applications listed above. If this is your first time logging in, please use the User ID and the one-time password that was emailed to you by IACS.

Effective September 29, 2006, your password will be set to expire every sixty days. In the event your password does expire, you will be prompted to change your password. If you cannot remember your User ID or Password, you may recover them by selecting the "Forgot Your User ID" or "Forgot Your Password" buttons. If you are a new registrant, select the "New User Registration" link.

To change your password, first login and then select "Change Password"

By selecting **Login**, the user is confirming that they have read and accepted the IACS Terms and Conditions

**New User? Select this link:** [New User Registration](#)

User Name:

Password:

The EHR Demo user first logs in through the CMS "IACS" (Individuals Authorized Access to the CMS Computer Services) portal. All users must first get an IACS user name and password before accessing any of the functions or applications housed in this secure CMS web environment.



# **CMS** Centers for Medicare & Medicaid Services

## Center for Strategic Planning (CSP) Applications Portal

CSP serves as CMS's focal point for the planning, formulation, and coordination of long-term strategic plans and future program policy and proposals for CMS. CSP's goals include designing, coordinating, and conducting research, demonstrations, and evaluations that have an impact on beneficiaries, providers, and plans while assessing potential improvements and developing new measurement tools.

The CSP Applications Portal is a gateway offered to our business partners to access a number of systems related to CSP's goals. This portal is in its initial implementation stage with new capabilities being added on a regular basis.

Registration and user management services are required to access the CSP applications list below. To request authorization of a specific CSP application, click [here](#).

The following application collections are available to assist individuals in performing CSP-related duties:

- [Dashboards](#) - Healthcare-related, interactive user interfaces that organizes and presents information in a user-friendly way to assist management in monitoring performance results.
- [Demonstrations/Evaluations](#) - Tools to assist in the development and management of demonstration and evaluation projects.
- [Data Exchange](#) - Tools to assist users with data exchange transactions.
- [MCSIS](#) - Medicaid and Childres's Health Insurance Program (CHIP) State Information Sharing Support.

[Department of Health & Human Services](#) | [Medicare.gov](#) | [Firstgov.gov](#)  
[Email Updates](#) | [Privacy Policy](#) | [Freedom of Information Act](#)  
Centers for Medicare & Medicaid Services, 7500 Security Boulevard Baltimore, MD 21244

http://www.cms.hhs.gov/

Trusted sites

120%

After logging in, the user is brought to the Center for Strategic Planning Applications Portal. The user then clicks on "Demonstrations / Evaluations"



# **CMS** Centers for Medicare & Medicaid Services

## Demonstrations/Evaluations

The Centers for Medicare & Medicaid Services (CMS) conducts and sponsors a number of innovative demonstration projects that test and measure the effect of potential program changes. Our demonstrations study the likely impact of new methods of service delivery, coverage of new types of service, and new payment approaches on beneficiaries, providers, health plans, states, and the Medicare Trust Funds. Evaluation projects validate our research and demonstration findings and help us monitor the effectiveness of Medicare, Medicaid, and the State Children's Health Insurance Program (CHIP).

The following systems are available to assist individuals in performing CMS Demonstration and Evaluation functions:

[Electronic Health Record \(EHR\) Demonstration System](#) - Use of this application is restricted to applicants initially enrolling in the demonstration and previously approved individuals actively participating in the Electronic Health Record Demonstration

[Department of Health & Human Services](#) | [Medicare.gov](#) | [Firstgov.gov](#)  
[Email Updates](#) | [Privacy Policy](#) | [Freedom of Information Act](#)  
Centers for Medicare & Medicaid Services, 7500 Security Boulevard Baltimore, MD 21244



The user then clicks on the selected demonstration. The EHR Demonstration System will be the first demonstration system to be implemented. In the future, there will be other demonstrations with web applications listed.



**CMS** Centers for **Medicare & Medicaid** Services

**Modules**

- [Provider and Practice Information](#)
- [Quality Measure Data Collection](#)

[Department of Health & Human Services](#) | [Medicare.gov](#) | [Firstgov.gov](#)  
[Email Updates](#) | [Privacy Policy](#) | [Freedom of Information Act](#)  
Centers for Medicare & Medicaid Services, 7500 Security Boulevard Baltimore, MD 21244

There are two modules to the EHR Demonstration System. The first one implemented was to Collect Provider and Practice Information (OMB #0938-0965). The Quality Measure Data Collection is the second module.

The user clicks on the module they wish to use. These screens depict the Quality Measure Data Collection module.



WELCOME : [redacted]  
ROLE : [redacted]



LOGOUT CONNECTING  
TO BETTER  
HEALTH CARE



ELECTRONIC HEALTH RECORDS  
DEMONSTRATION

### QUALITY MEASURE DATA COLLECTION

#### PRA DISCLAIMER

##### PRA Disclaimer

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is [redacted]. The time required to complete this information collection is estimated to average [redacted] per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimates or suggestions for improving this form, please write to : CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

OMB # : [redacted]

Back

Continue

Expiration Date : [redacted]

This is a placeholder screen where the PRA Disclaimer will be published. The appropriate OMB number, time to complete the information collection, and expiration date will be inserted when this data collection effort is approved.

**Demonstrations**

Please select a demonstration.

Demonstration ID	Demonstration Name
1	Electronic Health Record Demonstration

The user selects the demonstration by highlighting the row and clicking on the select button or double clicking on the row.

## **PRACTICE SCREEN** (next page)

When the user first enters this module, the list of practices associated with the user comes up. In most cases, a user will only be associated with one or perhaps a few practices. The ability to view practices is limited by security during the initial logging on process.

This screen is divided into several sections.

- The left column has a number of tabs the user can click on to navigate within the module to perform different functions or view different information. The tabs that will be available will vary based on the user's defined role.
- The lower left column has a space where special notices or information may be broadcast by CMS to all users of the quality measure data collection module.
- The center column lists all of the practices by name and practice ID that the user is affiliated with. The user highlights the practice they are interested in. At the top of the column, there is a search box. The user may search by practice name or practice ID. The list can also be sorted by either variable.
- The right column ("Practice Details") shows specific information for the practice that is highlighted.

The user highlights the practice of interest and clicks on the select button.

*Note: On this screen and all of the following screens all personally identifiable information has been blocked out.*





INSERT SCREEN WITH OPTIONS TAB SHOWING

## **OPTIONS TAB** (next 2 screens)

The Options Tab includes the “Preferences” and “Measures” tabs shown on the next two pages. These pages are only available to CMS (and its contractors) and the Practice Lead/Administrator. These screens allow the practice to set the defaults for reporting in terms of which measures will be reported, how they will be sorted, etc. For practices importing data from a tab delimited file created from data in an EHR or registry, the measures tab may be used to indicate what data should be abstracted. Because the options selected can affect all other users affiliated with this practice, access to this screen is limited.

Welcome, Jody Blatt  
CMS Business Administrator

LOGOUT

EHRD 01 LA 0140 | Advanced Clinical Consultants

Practices

Patients

Providers

Users

User Approvals

Contractor Approvals

Reports

Data Exchange

User Manual

Options ?

Patients   Providers   Users   Options

Measures   Preferences

Select the measures to abstract.

Changing the measures to abstract will affect the other users of this practice.

CAD	DM	HF	PC
<input checked="" type="checkbox"/> All CAD Measures	<input checked="" type="checkbox"/> All DM Measures	<input checked="" type="checkbox"/> All HF Measures	<input checked="" type="checkbox"/> All PC Measures
<input checked="" type="checkbox"/> CAD-1	<input checked="" type="checkbox"/> DM-1 and DM-2	<input checked="" type="checkbox"/> HF-1	<input checked="" type="checkbox"/> PC-1
<input checked="" type="checkbox"/> CAD-2	<input checked="" type="checkbox"/> DM-3	<input checked="" type="checkbox"/> HF-2	<input checked="" type="checkbox"/> PC-5
<input checked="" type="checkbox"/> CAD-3	<input checked="" type="checkbox"/> DM-4 and DM-5	<input checked="" type="checkbox"/> HF-3	<input checked="" type="checkbox"/> PC-6
<input checked="" type="checkbox"/> CAD-5	<input checked="" type="checkbox"/> DM-6	<input checked="" type="checkbox"/> HF-5	<input checked="" type="checkbox"/> PC-7
<input checked="" type="checkbox"/> CAD-6	<input checked="" type="checkbox"/> DM-7	<input checked="" type="checkbox"/> HF-6 and HF-7	<input checked="" type="checkbox"/> PC-8
<input checked="" type="checkbox"/> CAD-7	<input checked="" type="checkbox"/> DM-8	<input checked="" type="checkbox"/> HF-8	

Options ?

Broadcast ?

Welcome, Jody Blatt  
CMS Business Administrator

LOGOUT

EHRD 01 LA 0140 | Advanced Clinical Consultants

- Practices
- Patients
- Providers
- Users
- User Approvals
- Contractor Approvals
- Reports
- Data Exchange
- User Manual

Broadcast ?

Options ?

Patients Providers Users Options

Measures Preferences

Select the practice preference to change.

Changing the practice preferences will affect the other users of this practice.

Show Patients under these topics:

- Coronary Artery Disease
- PC-5 (Mammogram)
- Diabetes Mellitus
- PC-6 (Colorectal Cancer)
- Heart Failure
- PC-7 (Flu Vaccine)
- PC-1 (Blood Pressure)
- PC-8 (Pneumo Vaccine)

Sort Patient List By: [Dropdown]

Sort Order: [Descending]

Display Errors:  Display all system errors

Save Cancel

Options ?



## **PATIENT SCREEN** (next page)

Once a user selects a practice, the list of patients associated with the practice that has been selected for reporting shows. A user can search for a patient by Medicare ID, Last Name, First Name or Birth Date. Similarly, the list of patients can be sorted by any of those fields. In addition, there is a list of clinical reporting “topic” areas listed above the patient list: CAD (coronary artery disease), DM (diabetes mellitus), HF (heart failure), and PC-1, 5, 6, 7 and 8. Each of these boxes represents quality measures related to these conditions. The “PC” boxes relate to specific preventive care related quality measures (blood pressure measurement, immunizations, and cancer screenings). By clicking on any one or more of these boxes a user can search for patients to be reported on in any one of these categories.

At the bottom of the center column, the total number of patients associated with this practice (“Record Count”) and the number of screen pages this represents are shown. By clicking on the “>” or “<” buttons, the user can scroll through the pages.

Tabs at the top of the center column and the left column can be used to navigate to different screens and functions within this module. The following pages will go through each of these screens in turn.

The user scrolls through the patient list, and in the right column (“Patient Status”) information about the selected patient appears including their name, birth date, and specific patient information. Information about whether that patient has been selected for a particular measure topic and their rank for reporting are also listed. The ranking information is pre-determined by CMS and is used to insure that there is a random selection of patients selected for reporting each in each topic measure area.

In the top center column there is also a “Finalize” button. This is selected when the practice has completed the data collection process and is ready to submit the data to CMS. Once the “Finalize” button is clicked on, the data will go through a review to identify possible errors that need correction. Any errors identified will be indicated with an appropriate warning to the user.

Welcome, EHRD TestUserSeven  
Practice Administrator

LOGOUT

EHRD 01 LA 0082 | St. Elizabeth Physicians - Prairieville

- Practices
- Users
- User Approvals
- Reports
- Data Exchange
- User Manual

Performance Year (06/01/2009 - 05/31/2011)

Last Name
Search
Finalize

Add Topic:
  CAD
  DM
  HF
  PC-1
  PC-5
  PC-6
  PC-7
  PC-8

Medicare ID	Last Name	First Name	Birth Date
430820450A	ROBINSON	BOBBY	07/23/1945
430821860A	OGLE	KENNETH	09/04/1944
430822168A	GRAHAM	GWENDOLYN	03/16/1943
430824367A	APPLE	NANCY	07/11/1943
430865505A	OWENS	ZERETTA	01/20/1951
430909012A	MCCARRELL	ETHELENE	09/01/1945
430909893A	DUNNING	JAMES	06/17/1948
431035910A	ISON	RICHARD	06/30/1917
431035910B	ISON	FRANCES	11/14/1931
431050911A	WRIGHT	HAROLD	01/12/1921
431100750A	ADAMS	MARY	10/27/1916
431102849A	SRYGLEY	F	06/18/1921
431161627A	SOMERS	WILLIAM	07/04/1916
431188807A	SMITH	EARL	06/11/1923
431223148A	BROWN	ROGER	04/25/1924
431224223B	PRESCOTT	RUBY	03/29/1928
431227003A	ZOOK	HAROLD	08/15/1926
431228244C2	STAGE	JIMMIE	09/02/1945
431229487A	THOMAS	NELL	08/13/1921
431242455A	MCNABB	MARY	12/25/1925
431377289A	WALKER	GERALD	12/14/1969
431385267A	HARRISON	ETHEL	05/25/1925
431386005D	MORRIS	ROSE	09/24/1932
431387942A	NALLEY	BOBBIE	12/27/1928
431388652D2	LAMB	DEANNA	11/12/1937
431388652D2	WEBB	PATHEA	04/22/1924
431440288A	CARMAN	JAMES	02/04/1929
431461051A	WATSON	BERNICE	01/10/1926

Select Patient Page 1 of 9 Records Count: 408

Patient Status

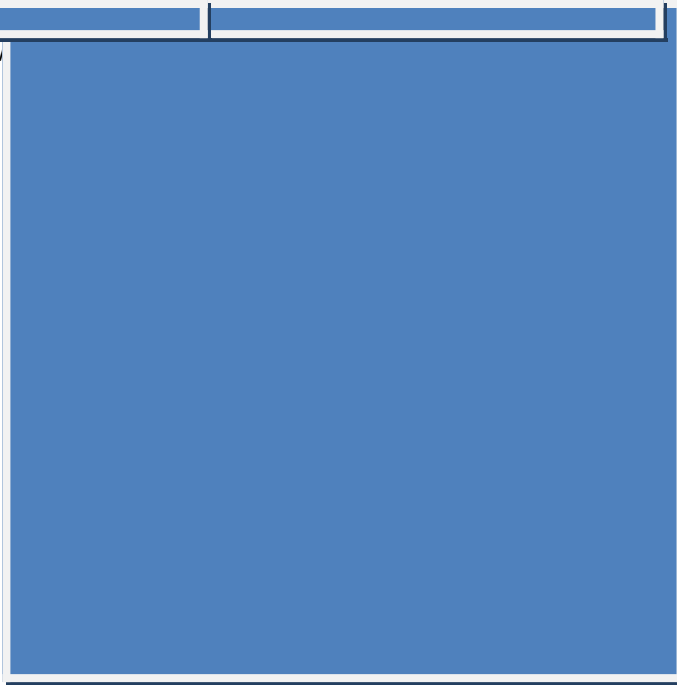
Name: GRAHAM, GWENDOLYN  
 Birth Date: 03/16/1943  
 Pt. Data: Incomplete  
 Warnings: No

Topic	Dx.	Rank
CAD	No	-
DM	No	-
HF	No	-
PC	No	-
PC-1: BP		-
PC-5: Mammo		26
PC-6: Cole.		-
PC-7: Flu		299
PC-8: Pneumo		223

Broadcast

Done

Patient list shown above v  
column.



out that patient shows in the right "Patient status"

## **PATIENT DEMOGRAPHICS SCREEN** (next page)

Once a patient has been selected, you are taken to a screen with demographic information about that patient.

This screen allows the user to define the abstraction or data collection date. (The system defaults to the current date.) The user is also allowed to enter in particular comments which may be relevant to the data collection for that patient such as that a record could not be located or had been forwarded to another provider and was not available.

With the exception of the Medicare ID number, all of the demographic information about a patient may be updated if the practice believes it has more correct information in its records. Note, if a provider changes the date of birth, that can impact the eligibility of a patient for reporting a particular measure. *(Note, however, it will not result in an update to the Medicare database. That information comes directly from the Social Security Administration. Doctors are advised to tell their patients if they believe Medicare's data is incorrect and have them contact the Social Security Administration directly to make any changes. )*

The right column ("Patient Status") shows whether the patient's data is complete for all selected measure topics as well as any warnings there may be.

Above each of the tabs, there are options to search for a different patient ("Patient Search"), check the data against validation rules ("Check"), check and save the data ("Save"), review the practice's responses from the previous year ("View PY Data"), or return to the previous screen ("Back").



Welcome, EHRD TestUserSeven  
Practice Administrator

LOGOUT

EHRD 01 LA 0082 | [Redacted] ieville

- Practices
- Users
- User Approvals
- Reports
- Data Exchange
- User Manual

Performance Year (06/01/2009 - 05/31/2011) ?

Patient Search Check Save View PY Data Back

Demographics  CAD  DM  HF  PC

**Abstraction Information** ?

Abs. Date: 11/30/2010

**Comments** ?

**General** ?

Medicare ID: [Redacted]

First Name: [Redacted]

Last Name: [Redacted]

Gender: Female

Birth Date: [Redacted]

Med. Rec. #: [Redacted]

Other ID: [Redacted]

Provider: [Redacted]

Patient Status ?

Name: [Redacted]

Birth Date: [Redacted]

Pt. Data: Incomplete

Warnings: No

Topic	Dx.	Rank
CAD	No	-
DM	No	-
HF	No	-
PC	No	-
PC-1: BP		-
PC-5: Mammo		26
PC-6: Colo.		-
PC-7: Flu		299
PC-8: Pneumo		223

+ claims-based measure

**Broadcast** ?

Done

Internet

120%

## **CORONARY ARTERY DISEASE (CAD) SCREEN** (next page)

If a patient has been selected for reporting the CAD measures, s/he will have the notation “Yes” and a rank number showing in the right column. This screen is used to collect the measures related to coronary artery disease, if applicable. If the patient is not selected for this measure topic, then the screen will be grayed out.

The patient shown in the screen has been selected for reporting the CAD measure and has been ranked 7. Practices report on up to 211 patients per topic. This patient has also been selected for reporting the blood pressure measure (PC-1) and has been ranked 102 for that measure so will be reported under that tab as well.

The first step is for the practice to confirm that the patient has the diagnosis. If the diagnosis can't be confirmed, the measures are grayed out. If the diagnosis is confirmed, the practice completes all of questions related to the measures. In some cases, portions of the measures are grayed out if, based on a previous measure's answer, it is no longer applicable. For example, if the answer to CAD-6, “LDL-C test” is “no”, indicating that the patient did not have an LDL-C test, then the fields for the date the test was taken and the value of the test will be grayed out.

An “X” on the tab for this section (or any of the other condition specific tabs) indicates that a section is not yet completed. A “√” indicates that the topic is either completed or is not required to be completed. In the screen shown, the patient is not selected/ranked for diabetes so there is a “√” next to the DM on the tab.

Above each of the tabs, there are options to search for a different patient (“Patient Search”), check the data against validation rules (“Check”), check and save the data (“Save”), review the practice's responses from the previous year (“View PY Data”), or return to the previous screen (“Back”).

In addition, the right (“Patient Status”) column shows whether the patient's data is complete for all selected measure topics as well as any warnings there may be. Warnings may indicate errors in data input such as lab or date values that are out of range, or inconsistent responses.

Welcome, EHRD TestUserSeven  
Practice Administrator

LOGOUT

EHRD 01 LA 0082 | S [redacted] le

- Practices
- Users
- User Approvals
- Reports
- Data Exchange
- User Manual

---

Broadcast ?

Performance Year (06/01/2009 - 05/31/2011) ?

Patient Search Check Save View PY Data Back

Demographics  CAD  DM  HF  PC

**CAD Confirmation** ?

CAD Confirmed: Yes

**CAD5+ : Lipid Profile** ?

Performed: Yes

**CAD1: Antiplatelet Therapy** ?

Antiplatelet Therapy: No - Med. Reasons

**CAD6: Latest LDL-C Result** ?

LDL-C Test: Yes

Date Drawn: 02/03/2011

Value: 100

**CAD2: LDL-C Therapy** ?

LDL-C Therapy: Yes

**CAD7 : Diabetes, LVSD & Drugs** ?

Has Diabetes: Yes

Has LVSD: Yes

ACE-I/ARB: No

**CAD3: M.I. & Beta Blocker** ?

History Of MI: Yes

Beta Blocker: Yes

**Comments (200 chars. max.)** ?

**Patient Status** ?

Name: [redacted]

Birth Date: [redacted]

Pt. Data: Incomplete

Warnings: Yes

Topic	Dx.	Rank
CAD	Yes	7
DM	No	-
HF	No	-
PC	Yes	
PC-1: BP		102
PC-5: Mammo		-
PC-6: Colo.		40
PC-7: Flu		37
PC-8: Pneumo		177

+ claims-based measure

## DIABETES MELLITUS (DM) SCREEN (next page)

If a patient has been selected for reporting the DM measures, s/he will have the notation “Yes” and a rank number showing in the right column. The patient shown in the screen below has been randomly selected for reporting the diabetes measures from among all patients in this practice that qualify for the measure. S/he is ranked # 4 for the diabetes measure. Practices report on up to 211 consecutive patients for each topic. This patient has also been selected for the heart failure topic and some of the preventive care measures, so will be reported on under multiple tabs.

This screen is used to collect the measures related to diabetes, if applicable. If the patient is not selected for this measure topic, then the screen will be grayed out.

The first step is for the practice to confirm that the patient has the diagnosis. If the diagnosis can't be confirmed, the measures are grayed out. If the diagnosis is confirmed, the practice completes all of questions related to the measures. In some cases, portions of the measures are grayed out if, based on a previous measure's answer, it is no longer applicable. For example, if the answer to DM-1, whether the patient had an HBA1c test, is “no”, then the fields for DM-2, the date the test was taken and the value of the test will be grayed out.

The “X” on the tab for this section (as well as the HF and PC tabs) indicates that these sections are not yet completed. A “√” indicates that the topic is either completed or is not required to be completed. In the screen shown, the patient is not selected/ranked for coronary artery disease so there is a “√” on the CAD tab as this topic is not required to be completed for this patient.

In the bottom of each topic screen, the user may insert comments regarding the patient's status or record that might be helpful to someone reviewing the data.

Above each of the tabs, there are options to search for a different patient (“Patient Search”), check the data against validation rules (“Check”), check and save the data (“Save”), review the practice's responses from the previous year (“View PY Data”), or return to the previous screen (“Back”).

In addition, the right column (“Patient Status”) shows whether the patient's data is complete for all selected measure topics as well as any warnings there may be.

Welcome, EHRD TestUserSeven  
Practice Administrator

LOGOUT

EHRD 01 LA 0082 | S [Redacted]

- Practices
- Users
- User Approvals
- Reports
- Data Exchange
- User Manual

Broadcast ?

Performance Year (06/01/2009 - 05/31/2011) ?

Patient Search Check Save View PY Data Back

Demographics CAD DM HF PC

**DM Confirmation** ?

DM Confirmed: Yes

**DM6+: Urine Protein Testing** ?

Med. Attention Nephropathy: Yes

**DM1+ & DM2: Latest HbA1c Result** ?

HbA1c Test: Yes

Date Drawn: 02/02/2011

Value: 7.5

**DM7+: Eye Exam** ?

Performed: Yes

**DM3: Blood Pressure Management** ?

Most Recent BP: Yes

Date Taken: 11/07/2010

Systolic: 150

Diastolic: 95

**DM8: Foot Exam** ?

Performed: Yes

**DM4+ & DM5: Latest LDL-C Result** ?

LDL-C Test: No

Date Drawn:

Value:

**Comments (200 chars. max.)** ?

comments go here

Patient Status ?

Name: [Redacted]

Birth Date: [Redacted]

Pt. Data: Incomplete

Warnings: No

Topic	Dx.	Rank
CAD	No	-
DM	Yes	4
HF	Yes	18
PC	Yes	
PC-1: BP		143
PC-5: Mammo		-
PC-6: Colo.		109
PC-7: Flu		104
PC-8: Pneumo		112

+ claims-based measure

## HEART FAILURE (HF) SCREEN (next page)

If a patient has been selected for reporting the HF measures, s/he will have the notation “Yes” and a rank number showing in the right column. The patient shown in the screen below has been randomly selected for reporting the HF measures from among all patients in this practice that qualify for the measure. S/he is ranked # 18 for the heart failure topic. Practices report on up to 211 consecutive patients for each topic. This patient is also ranked #4 for the diabetes topic as well as some of the Preventive Care topics, so will also be reported on under those tabs.

This screen is used to collect the measures related to heart failure, if applicable. If the patient is not selected for this measure topic, then the screen will be grayed out.

The first step is for the practice to confirm that the patient has the diagnosis. If the diagnosis can't be confirmed, the measures are grayed out. If the diagnosis is confirmed, the practice completes all of questions related to the measures. In some cases, portions of the measures are grayed out if, based on a previous measure's answer, it is no longer applicable. For example, if the answer to HF-6, whether the patient had an LVSD, is “no”, then the fields for HF-7, whether the patient received certain drugs, will also be grayed out.

Some of the measures on the specific topic screens are related. For example, on the CAD screen, CAD-7 asks whether the patient has LVSD. On the HF screen, HF-6 asks the same question. If the user provides inconsistent data, an error message is provided alerting the user to the inconsistency.

The “X” on the tab for this section (as well as the PC tab) indicates that these sections are not yet completed. A “√” indicates that the topic is either completed or is not required to be completed. In the screen shown, the patient is not selected/ranked for the coronary artery disease topic, so there is a “√” on the CAD tab as this topic is not required to be reported for this patient.

In the bottom of each topic screen, the user may insert comments regarding the patient's status or record that might be helpful to someone reviewing the data.

Above each of the tabs, there are options to search for a different patient (“Patient Search”), check the data against validation rules (“Check”), check and save the data (“Save”), review the practice's responses from the previous year (“View PY Data”), or return to the previous screen (“Back”).

In addition, the right column (“Patient Status”) shows whether the patient's data is complete for all selected measure topics as well as any warnings there may be.

Welcome, EHRD TestUserSeven  
Practice Administrator

LOGOUT

EHRD 01 LA 0082 |

- Practices
- Users
- User Approvals
- Reports
- Data Exchange
- User Manual

Broadcast ?

Performance Year (06/01/2009 - 05/31/2011) ?

Demographics
CAD
DM
HF
PC

**HF Confirmation** ?

HF Confirmed:

**HF5: Patient Education** ?

HF Education:

**HF1: LVF Assessment Result** ?

LVF Result:

**HF6 & HF7: LYSD & Drugs** ?

Has LVSD:

Beta Blocker:

ACE-I/ARB:

**HF2+: LVF Testing** ?

Hospitalized:

LVF Performed:

**HF8: Atrial Fibrillation** ?

Atrial Fibrillation:

Warfarin:

**HF3: Weight Measurement** Comments

Pre-Filled	Visit Date	Weight	Invalid	Why Invalid
<input checked="" type="checkbox"/>	07/02/2008		No	
<input checked="" type="checkbox"/>	07/08/2008		No	
<input checked="" type="checkbox"/>	07/21/2008		No	
<input checked="" type="checkbox"/>	07/23/2008		No	
<input checked="" type="checkbox"/>	09/08/2008		No	
<input checked="" type="checkbox"/>	10/07/2008		No	
<input checked="" type="checkbox"/>	11/10/2008		No	
<input checked="" type="checkbox"/>	12/30/2008		No	
<input checked="" type="checkbox"/>	02/03/2009		No	
<input checked="" type="checkbox"/>	03/16/2009		No	
<input checked="" type="checkbox"/>	04/13/2009		No	

Patient Status ?

Name:

Birth Date:

Pt. Data: **Incomplete**

Warnings: **Yes**

Topic	Dx.	Rank
CAD	No	-
DM	Yes	4
HF	Yes	18
PC	Yes	
PC-1: BP		143
PC-5: Mammo		-
PC-6: Colo.		109
PC-7: Flu		104
PC-8: Pneumo		112

+ claims-based measure

## **PREVENTIVE CARE (PC) SCREENS** (next screens shown)

There are five preventive care measures. (The numbering of the measures is not sequential.) They represent various cancer screening and immunization measures. Because the denominator requirement for each of the measures is different, each preventive care measure is its own unique topic and has its own tab.

To qualify for reporting a preventive care measure, a patient must have one of a range of chronic conditions, including the three specific conditions (i.e. coronary artery disease, diabetes or heart failure) referenced in the previous screens. If a patient has been selected for reporting a preventive care measure and has been confirmed as having one of the previously mentioned conditions, then the "Condition Confirmed" field will be automatically filled in. If not, the user can select to confirm that the patient has a chronic condition. If a chronic condition is not confirmed, then all of the ranked preventive care measures will be grayed out.

Since all of these measures are independent of each other, a patient may be ranked for none of these measures, one of the measures, or any combination of them depending upon eligibility.

Screens related to each of the preventive care measures are shown on the pages that follow.



**CMS**  
CENTERS for MEDICARE & MEDICAID SERVICES

**ELECTRONIC HEALTH RECORD DEMONSTRATION**

CONNECTING TO BETTER HEALTH CARE

Welcome, EHRD TestUserSeven  
Practice Administrator

EHRD 01 LA 0082 | [Redacted]

Performance Year (06/01/2009 - 05/31/2011)

Patient Search Check Save View PY Data Back

Demographics CAD DM HF PC

Chronic Conditions

Condition Confirmed: Yes

PC1 PC5 PC6 PC7 PC8 Comments

PC1: Blood Pressure Management

Add Edit Delete

Pre-Filled	Visit Date	BP	Invalid	Why Invalid
<input checked="" type="checkbox"/>	08/20/2008		No	
<input checked="" type="checkbox"/>	03/30/2009		No	
<input checked="" type="checkbox"/>	04/10/2009		No	
<input checked="" type="checkbox"/>	05/05/2009		No	
<input checked="" type="checkbox"/>	05/28/2009		No	

Patient Status

Name: I [Redacted]

Birth Date: [Redacted]

Pt. Data: Incomplete

Warnings: Yes

Topic	Dx.	Rank
CAD	Yes	7
DM	No	-
HF	No	-
PC	Yes	
PC-1: BP		102
PC-5: Mammo		-
PC-6: Colo.		40
PC-7: Flu		37
PC-8: Pneumo		177

+ claims-based measure

## BLOOD PRESSURE MANAGEMENT (PC 1)

The first PC measure, Blood Pressure Management (PC 1), is shown in the screen above. This measure is the percent of patient visits during the reporting period during which the blood pressure was taken. The database is pre-filled with the dates of the patient's visits as reported in the Medicare claims data base. The user confirms for each visit date whether the blood pressure was taken. The user can also exclude a visit from the measure denominator if it meets the criteria for being "invalid", i.e. for that visit it would not have been appropriate for a blood pressure to be taken. As indicated by the buttons in the center section, the user can also add visits if the patient had a visit that was not pre-filled. The user may delete a visit that has been added, but may not delete pre-filled visits.

The screenshot displays the EHRD demonstration interface. At the top, it says "ELECTRONIC HEALTH RECORD DEMONSTRATION" and "Welcome, EHRD TestUserSeven Practice Administrator". The main area is titled "Performance Year (06/01/2009 - 05/31/2011)". On the left, there is a navigation menu with options like "Practices", "Users", "User Approvals", "Reports", "Data Exchange", and "User Manual". The main content area shows a "Chronic Conditions" window with "Condition Confirmed: Yes" and a "PC5+ Breast Cancer Screening" window with "Mammogram Performed: Yes". On the right, the "Patient Status" panel includes a table of measures and their ranks:

Topic	Dx.	Rank
CAD	No	-
DM	No	-
HF	No	-
PC	No	-
PC-1: BP		-
PC-5: Mammo		26
PC-6: Colo.		-
PC-7: Flu		299
PC-8: Pneumo		223

At the bottom of the Patient Status panel, it says "+ claims-based measure".

### BREAST CANCER SCREENING (PC 5)

The Breast Cancer screening measure indicates whether an eligible patient received a mammogram in accordance with recommended guidelines. This is a claims based measure (as indicated by the "+" next to the measure name) which means it is pre-filled with a "Yes" if there is a relevant claim in the Medicare claims system for the reporting period. If not, the field will be filled in with "Claim Not Found". If the user has documentation in the patient's medical chart that the test was provided s/he can override the response with a "Yes" or, alternatively, "No- medical reason" if the test was medically contraindicated.

Welcome, EHRD TestUserSeven  
Practice Administrator

LOGOUT

EHRD 01 LA 0082 | St. Elizabeth Physicians - Prairieville

- Practices
- Users
- User Approvals
- Reports
- Data Exchange
- User Manual

Performance Year (06/01/2009 - 05/31/2011)

Patient Search Check Save View PY Data Back

Demographics CAD DM HF PC

Chronic Conditions

Condition Confirmed: Yes

PC1 PC5 PC6 PC7 PC8 Comments

PC6: Colorectal Cancer Screening

Current: No - Med. Reasons

Broadcast

Patient Status

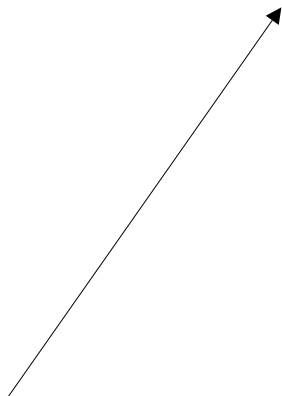
Name: ISON, FRANCES  
Birth Date: 11/14/1931  
Pt. Data: Incomplete  
Warnings: Yes

Topic	Dx.	Rank
CAD	Yes	7
DM	No	-
HF	No	-
PC	Yes	
PC-1: BP		102
PC-5: Mammo		-
PC-6: Colo.		40
PC-7: Flu		37
PC-8: Pneumo		177

+ claims-based measure

Done

Internet 120%



COLORECTAL CANCER SCREENING (PC 6)

The colorectal cancer screening measure indicates whether an eligible patient was current, according to several options, for screening for colon cancer. For this measure the user also has the option of selecting the following additional options: (1) "No - systems reason" if the test was not available in the patient's geographic area; (2) "No-Medical Reasons" if the procedure was contraindicated for the patient due to medical reasons; and (3) "No-patient reasons" if the procedure was not provided due to patient reasons (e.g. patient refusal of a test).

The screenshot displays the CMS EHR interface. The main content area shows the 'Chronic Conditions' section with 'Condition Confirmed' set to 'Yes'. Below it, the 'PC7: Influenza Vaccination' section has 'Received' set to 'Yes'. A navigation bar at the top of the main area includes 'Patient Search', 'Check', 'Save', 'View PY Data', and 'Back'. A secondary bar shows status for 'Demographics', 'CAD', 'DM', 'HF', and 'PC'. On the right, the 'Patient Status' panel includes fields for Name, Birth Date, and Pt. Data, along with a 'Warnings: Yes' indicator. Below this is a table of performance metrics:

Topic	Dx.	Rank
CAD	Yes	7
DM	No	-
HF	No	-
PC	Yes	-
PC-1: BP		102
PC-5: Mammo		-
PC-6: Colo.		40
PC-7: Flu		37
PC-8: Pneumo		177

At the bottom of the patient status panel, there is a '+ claims-based measure' link. The interface also features a left-hand navigation menu with options like 'Practices', 'Users', 'User Approvals', 'Reports', 'Data Exchange', and 'User Manual', and a 'Broadcast' section at the bottom left.

INFLUENZA VACCINATION (PC 7)

The flu vaccine measure indicates whether an eligible patient received a flu shot during the appropriate time period during the reporting year. This is a claims based measure which means it is pre-filled with a “Yes” if there is a relevant claim in the Medicare claims system for the reporting period. If not, the field will be filled in with “Claim Not Found”. If the user has documentation in the patient’s medical chart that the flu shot was provided (for example, if the shot was provided at a local flu clinic that didn’t bill Medicare or where the patient paid cash) s/he can override the response with a “Yes”. For this measure the user also has the option of selecting the following additional options: (1) “No – systems reason” (e. g. if a vaccine shortage) precluded the patient from getting the immunization during the designated period; (2) “No-Medical Reasons” if the immunization was contraindicated for the patient due to medical reasons; and (3) “No-patient reasons” if the immunization was not provided due to patient reasons (e.g. patient refusal to receive the immunization).

Welcome, EHRD TestUserSeven  
Practice Administrator

LOGOUT

EHRD 01 LA 0082 |

Practices

Users

User Approvals

Reports

Data Exchange

User Manual

Performance Year (06/01/2009 - 05/31/2011)

Patient Search   Check   Save   View PY Data   Back

Demographics  CAD  DM  HF  PC

Chronic Conditions

Condition Confirmed:

PC1    PC5    PC6    PC7    PC8   Comments

PC8: Pneumonia Vaccination

Received:

Patient Status

Name:

Birth Date:

Pt. Data: **Incomplete**

Warnings: **Yes**

Topic	Dx.	Rank
CAD	Yes	7
DM	No	-
HF	No	-
PC	Yes	-
PC-1: BP		102
PC-5: Mammo		-
PC-6: Colo.		40
PC-7: Flu		37
PC-8: Pneumo		177

+ claims-based measure

**PNEUMONIA VACCINATION (PC 8)**

The pneumonia vaccine measure indicates whether an eligible patient ever received a pneumonia vaccination. For this measure the user also has the option of selecting the following additional options: (1) "No-Medical Reasons" if the immunization was contraindicated for the patient due to medical reasons; and (2) "No-patient reasons" if the immunization was not provided due to patient reasons.

Welcome, EHRD TestUserSeven  
Practice Administrator

LOGOUT

EHRD 01 LA 0082 [redacted] ieville

Practices

Users

User Approvals

Reports

Data Exchange

User Manual

Performance Year (06/01/2009 - 05/31/2011)

Patient Search Check Save View PY Data Back

Demographics CAD DM HF PC

Chronic Conditions

Condition Confirmed: Yes

PC1 PC5 PC6 PC7 PC8 Comments

Comments (200 chars. max.)

beneficiary specific comments go here

Patient Status

Name: [redacted]

Birth Date: [redacted]

Pt. Data: Complete

Warnings: No

Topic	Dx.	Rank
CAD	Yes	7
DM	No	-
HF	No	-
PC	Yes	
PC-1: BP		102
PC-5: Mammo		-
PC-6: Colo.		40
PC-7: Flu		37
PC-8: Pneumo		177

+ claims-based measure

COMMENTS TAB

This screen is used to insert comments specific to this patient and the preventive care measures.

The screenshot displays the 'ELECTRONIC HEALTH RECORD DEMONSTRATION' interface. At the top, it shows the CMS logo and the user's role as 'Practice Administrator'. A navigation menu on the left includes options like 'Practices', 'Users', and 'User Approvals'. The main area is titled 'Providers' and contains a table with columns for 'Pre-Filled', 'NPI', 'Last Name', 'First Name', and 'Credential'. The table lists five providers with NPIs 1043, 1275, 1437, 1548, and 1841. A search bar is located above the table. To the right, the 'Provider Details' panel is empty. At the bottom, there are 'Add', 'Edit', and 'Delete' buttons, and a status bar showing '1 of 1' records and a 'Records Count: 5'.

Pre-Filled	NPI	Last Name	First Name	Credential
<input checked="" type="checkbox"/>	1043			
<input checked="" type="checkbox"/>	1275			
<input checked="" type="checkbox"/>	1437			
<input checked="" type="checkbox"/>	1548			
<input checked="" type="checkbox"/>	1841			

## PROVIDERS TAB

This screen lists the providers affiliated with this practice. Users may add providers but may not delete those that have been pre-filled based on claims data. If there is a large list of providers, a search function is provided. Users may search by the provider's last name, first name or NPI.



**CMS**  
CENTERS for MEDICARE & MEDICAID SERVICES

**ELECTRONIC HEALTH RECORD DEMONSTRATION**

CONNECTING TO BETTER HEALTH CARE

Welcome, EHRD TestUserSeven  
Practice Administrator

EHRD 01 LA 0082 | 5

LOGOUT

**Users**

Practices  
Users  
User Approvals  
Reports  
Data Exchange  
User Manual

Search

ID	Last Name	First Name	Role
FIGM435	TestUserSeven	EHRD	Practice Administrator

Page 1 of 1

Records Count: 1

User Details

ID:  
Last Name:  
First Name:  
Role:

Done

Internet 120%

## USERS TAB

This screen shows the users who are authorized to view and/or enter data for this practice. Access in the EHRDS system is role based and controlled by the designated lead person for the practice who, with the exception of the CMS-designated system administrators, is the only person allowed to authorize access for the practice. New users at the practice must request to “join” the practice and be approved for specific functions by the practice administrator/lead. While it is not anticipated that a given practice will have a large number of users, if there are, the arrow buttons at the bottom of the center column can be used to go to additional pages.

Welcome, EHRD TestUserSeven  
Practice Administrator

LOGOUT

Dashboard

- Practices
- Users
- User Approvals**
- Reports
- Data Exchange
- User Manual

Practice ID	Practice Name	User	Date Approved	Status

<b>Practice ID:</b>	<input type="text"/>
<b>Practice Name:</b>	<input type="text"/>
<b>Username:</b>	<input type="text"/>
<b>Role:</b>	<input type="text"/>
<b>Date Approved:</b>	<input type="text"/>
<b>Status:</b>	<input type="text"/>
<b>Email:</b>	<input type="text"/>
<b>Comments:</b>	<input type="text"/>
<input type="submit" value="Submit"/>	

Broadcast

**USER APPROVALS TAB**

Access to this screen is limited to Practice Administrators/Leads or CMS. It is used to approve other users to have access to the system for a particular practice. For example, staff at the practice that may be importing the data or inputting it would need to have access to the system.

Welcome, EHRD TestUserSeven  
Practice Administrator

LOGOUT

Dashboard

- Practices
- Users
- User Approvals
- Reports
- Data Exchange**
- User Manual

Data Exchange

Please Select the Type of Data Exchange

Patient Visits

Import Cancel

Data-Exchange Status

PatIDHIC:

MCPNNumber:

First Name:

Last Name:

Gender:

BirthDate:

ProviderId:

Broadcast

Done

Internet

120%

**DATA EXCHANGE**

The Data Exchange function is used to import data into the tool from a tab-delimited file that is created from information in an electronic health record or other electronic database.

Dashboard

- Practices
- Users
- User Approvals
- Reports
- Data Exchange
- User Manual

Data Exchange

Please Select the Type of Data Exchange

- Patient Visits
- Patients
- Patient Visits
- Providers

Data-Exchange Status

PatIDHIC:

MCPNumber:

First Name:

Last Name:

Gender:

BirthDate:

ProviderId:

Broadcast

Done

Internet

120%

DATA EXCHANGE (continued)

By clicking on the drop down menu, the user can import different types of files that are needed to fully import the quality measure data from another file.

Dashboard

- Practices
- Users
- User Approvals
- Reports
- Data Exchange
- User Manual

Data Exchange

Please Select the Type of Data Exchange

Patient Visits

Import Cancel

Data-Exchange Status

PatIDHIC:

MCPNNumber:

First Name:

Last Name:

Gender:

BirthDate:

ProviderId:

Broadcast

DATA EXCHANGE (continued)

Clicking on import allows the user to browse their computer for the file they wish to import.

Welcome, EHRD TestUserSeven  
Practice Administrator

LOGOUT

Dashboard

- Practices
- Users
- User Approvals
- Reports
- Data Exchange
- User Manual

Practices

Practice Name  Search

Practice ID	Practice Name
EHRD 01 LA 0082	<input type="text"/>

Select Practice   Page 1 of 1   Records Count: 1

Practice Details

Practice ID:  
Practice:  
Address:  
City:  
State:  
Zip:  
Contact:  
Phone:  
Email:

Broadcast

OTHER FUNCTIONS

Using the tabs in the left column users may access pre-specified reports or an on-line user manual.