ATTESTATION
USER GUIDE
For Eligible Professionals

Medicare Electronic Health Record
(EHR) Incentive Program

JULY 2012
(07.02.12 ver4)
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Medicare regulations can be found on the CMS Web site at http://www.cms.gov
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Disclaimer:
The Centers for Medicare & Medicaid Services (CMS) is providing this material as an informational reference for eligible professionals.

Although every reasonable effort has been made to assure the accuracy of the information within these pages at the time of posting, the Medicare program is constantly changing, and it is the responsibility of each provider to remain abreast of the Medicare program requirements.

Medicare regulations can be found on the CMS Web site at http://www.cms.gov
Step 1 – Getting Started

To receive an incentive payment, Medicare Eligible Professionals (EPs) must attest to their meaningful use of certified electronic health record technology using this ATTESTATION module. (Medicaid EPs should contact their states for information about how to attest.)

This is a step-by-step guide for the Medicare Eligible Professionals (EPs) Electronic Health Record (EHR) Incentive Program ATTESTATION module. This guide will help you navigate the Attestation module. The user guide page layout consists of the attestation screen on the left side of the page and written instructions with helpful tips on the bottom of the page.

Welcome to the Medicare & Medicaid EHR Incentive Program Registration & Attestation System

About This Site

The Medicare and Medicaid Electronic Health Records (EHR) Incentive Programs will provide incentive payments to eligible professionals and eligible hospitals as they demonstrate adoption, implementation, upgrading, or meaningful use of certified EHR technology. These incentive programs are designed to support providers in this period of health IT transition and incent the use of EHRs in meaningful ways to help our nation to improve the quality, safety, and efficiency of patient health care.

This web system is for the Medicare and Medicaid EHR Incentive Programs. Those wanting to take part in the program will use this system to register and participate in the program.

Overview of Eligible Professional (EP) and Eligible Hospital Types

<table>
<thead>
<tr>
<th>Eligible Professionals (EPs)</th>
<th>Medicare EPs include:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Doctors of Medicine or Osteopathy</td>
</tr>
<tr>
<td></td>
<td>• Doctors of Dental Surgery or Dental Medicine</td>
</tr>
<tr>
<td></td>
<td>• Doctors of Pediatric Medicine</td>
</tr>
<tr>
<td></td>
<td>• Doctors of Optometry</td>
</tr>
<tr>
<td></td>
<td>• Chiropractors</td>
</tr>
<tr>
<td>Medicare Advantage Organization (MAO) EPs - A qualifying MAO may receive an incentive payment for their EPs. For more information, visit CMS website.</td>
<td></td>
</tr>
<tr>
<td>NOTE: EPs may NOT be hospital-based. This is defined as any provider who furnishes 50% or more of their services in a hospital setting (inpatient or emergency room).</td>
<td></td>
</tr>
</tbody>
</table>

| Additional Resources: | Per User Guides to Registration and Attestation that will show you how to complete these modules, a list of EHR technology that is certified for this program, specification sheets with additional information on each Meaningful Use objective, and other general resources that will help you complete registration and attestation, please visit CMS website. |
| Eligible to Participate - There are two types of groups who can participate in the programs. For detailed information, visit CMS website. |

<table>
<thead>
<tr>
<th>Eligible Hospitals</th>
<th>Medicare Eligible Hospitals include:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Subsection (d) hospitals in the 50 states or DC that are paid under the hospital inpatient prospective payment system. Hospitals in Maryland may also participate per rule.</td>
</tr>
<tr>
<td></td>
<td>• Critical Access Hospitals (CAHs)</td>
</tr>
<tr>
<td></td>
<td>• Medicare Advantage Affiliated hospitals (MA-Affiliated hospitals)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medicaid EPs include:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Physicians</td>
</tr>
<tr>
<td>• Nurse Practitioners</td>
</tr>
<tr>
<td>• Certified Nurse - Midwife</td>
</tr>
<tr>
<td>• Dentists</td>
</tr>
<tr>
<td>• Physician Assistants who practice in a Federally Qualified Health Center (FQHC) or Rural Health Center (RHC) that is led by a Physician Assistant</td>
</tr>
<tr>
<td>Further, Medicaid EPs must also:</td>
</tr>
<tr>
<td>• Have a minimum of 30% Medicaid patient volume (20% minimum for pediatrics), OR</td>
</tr>
<tr>
<td>• Practice predominantly in a FQHC or RHC and have at least 30% patient volume to needy individuals</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medicaid Eligible Hospitals include:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Acute Care Hospitals with at least 10% Medicaid patient volume. May include CAHs and cancer hospitals.</td>
</tr>
<tr>
<td>• Children’s Hospitals</td>
</tr>
</tbody>
</table>

TIPS

To determine your eligibility, click on the CMS website

For a list of Eligible Professional Types (EPs), click on Eligible Professionals (EPs) link

https://ehrincentives.cms.gov
Step 1 - (Continue)
Carefully read the screen for important information.

WARNING: Only authorized registered users have rights to access the Medicare & Medicaid EHR Incentive Program Registration & Attestation System.

Please verify the following statements:

- You are accessing a U.S. Government information system
- The U.S. Government maintains ownership and responsibility for its computer systems
- Users must adhere to U.S. Government Information Security Policies, Standards, and Procedures. [PDF, 36.6 KB]
- Usage of this system may be monitored, recorded, and audited
- Unauthorized use is prohibited and subject to criminal and civil penalties
- The use of the information system establishes consent to any and all monitoring and recording of activities

Check this box to indicate you acknowledge that you are aware of the above statements

Click Continue

TIP
Eligible Professionals (EPs) may not be hospital based. This is defined as EPs seeing 90% or more of their Medicare covered services in:

- Hospital Inpatient setting (Place of service 21)
- Emergency Department setting (Place of service 23)
Step 2– Login Instructions

### Login Instructions

**Eligible Professionals (EPs)**
- If you are an EP, you must have an active National Provider Identifier (NPI) and have a National Plan and Provider Enumeration System (NPPES) web user account. Use your NPPES user ID and password to log into this system.
- If you are an EP who does not have an NPI and/or an NPPES web user account, navigate to NPPES to apply for an NPI and/or create an NPPES web user account.

**Eligible Hospitals**
- If you are an Eligible Hospital, you must have an active NPI. If you do not have an NPI, apply for an NPI in NPPES.

**Associated with both Eligible Professionals (EPs) and Eligible Hospitals**
- Users working on behalf of an Eligible Professional(s) must have an Identity and Access Management system (IAM) web user account (User ID/Password) and be associated to the Eligible Professional’s NPI. If you are working on behalf of an Eligible Professional(s) and do not have an IAM web user account, **Create a Login** in the IAM System.

**Account Management**
- If you are an existing user and need to reset your password, visit the IAM System.
- Users working on behalf of an Eligible Professional(s) may also work on behalf of an Eligible Hospital. An Identity and Access Management system (IAM) web user account (User ID/Password) can be associated to both an Eligible Professional NPI and an organization NPI. If you do not have an IAM web user account, **Create a Login** in the IAM System.

**User Tips**

- Users working on behalf of an Eligible Professional(s) must have an Identity and Access Management system (IAM) web user account (User ID/Password) and be associated to the Eligible Professional’s NPI. If you are working on behalf of an Eligible Professional(s) and do not have an IAM web user account, **Create a Login** in the IAM System.

### Identity and Access Management (IAM)

You will be navigated to the IAM system, which will allow you to create a User ID/password, establish a user profile, and request access to organization(s) for the EHR Incentive Program System.

If you select “Yes”, you will be directed to the IAM system and will be required to log in again.

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**TIPS**

- Contact the PECOS Help Desk if you cannot remember your password-(866) 484-8049/TTY(866) 523-4759, [https://pecos.cms.hhs.gov](https://pecos.cms.hhs.gov)
- To locate your NPI number, visit: [https://nppes.cms.hhs.gov/NPPES/NPIRegistryHome.do](https://nppes.cms.hhs.gov/NPPES/NPIRegistryHome.do)
- User name and password are case sensitive

---

**STEPS**

Enter your National Plan and Provider Enumeration System (NPPES) web user account, user ID and password to log into the attestation system.

**Click Log in**

Proceed to STEP 3 on page 13 of this guide if you logged in as an Eligible Professional

Proceed through STEP 2 if you are working on behalf of an Eligible Professional
Step 2 – Login (Continued)

**Working on Behalf of an Eligible Professional**

**STEPS**

Application and Security Check Page prompts the user to answer 2 security questions.

**TIPS**

- User name and password are case sensitive
- User IDs cannot be changed. Once you have successfully created a User ID and Secret Question/Answer combinations and submitted the record, the User ID and Secret Question/Answer combinations will remain tied to your record and will not be changed
- Click on the HELP tab at the top of the screen for help creating your I&A user name and password

[Image of the application security check page with 2 security questions: 
1. What is 1 + 1?
2. What direction is the South Pole?

[Image of the I&A - Create User ID and Password page with fields for User ID, Password, Retype Password, Select Secret Question 1-5, and Answer 1-5]

[Image of the I&A - User Profile page with fields for Prefix, First Name, Middle, Last Name, Suffix, Date of Birth, Social Security Number, E-mail Address, and Retype E-mail Address]

[Image of the I&A - Employer Information page with fields for Employer Information and Access Requests]

Step 2 – Login (Continued)
Working on Behalf of an Eligible Professional

STEPS

Click on Access Requests
Click Add Access Request
Click Submit

TIPS

At least one NPI is required to assign access
Use the Previous button to navigate between pages in the system
In order for a provider to create an online account, the NPI record must be in the status of Active or Pending Change Request
Step 2 – Login (Continued)

Working on Behalf of an Eligible Professional

---

**STEPS**

Click on “You are requesting to act on behalf of an individual provider”

Click **Next**

Select Application Type

“EHR Incentive Program”

Click **Next**

---

**TIPS**

Click on HELP for additional guidance to navigate the system

The Help link is on every page
Step 2 – Login (Continued)

Working on Behalf of an Eligible Professional

**TIPS**
- Clicking Previous will take you back to the ‘Select Application Type’ page
- Click on HELP for additional guidance to navigate the system
- The Help link is on every page

**STEPS**

Enter the NPI of the individual provider

Click **Search** to display the details of the individual provider

Click **Save** to navigate to the “My Access Requests Page”

*Or*

Click **Save & Add Another** to add multiple providers

---

The following provider information was found:

- **NPI:** 1234567890
- **Provider First Name:** John
- **Provider Last Name:** Doe
- **Street:** 123 Any Street
- **City:** Anywhere
- **State/Foreign Province:** MD
- **ZIP:** 21136

Note: Please use the Previous button to navigate between the pages in the application.
### Step 2 – Login (Continued)

**Working on Behalf of an Eligible Professional**

**STEPS**

Choose the Individual Provider(s) to add the NPIs you wish to access

You may choose one at a time or click Select All

Use the **Add Access Button** button to add the NPIs you wish to access

Click **Submit**

**TIPS**

Clicking Previous will take you back to the “Select Application Type” page

Click on Help for additional guidance to navigate the system

The Help link is on every page

---

**Application Sections**

- User Profile
- Employer Information
- Access Requests

<table>
<thead>
<tr>
<th>Application Sections</th>
<th>I&amp;A - My Access Requests</th>
</tr>
</thead>
</table>

- At least one organization is required

Note: Please use the Previous button to navigate between the pages in the application.

Note: App Type Legend: P=PECOS - Medicare Provider Enrollment; E=EHR Incentive Program

Use the button below to add the NPIs you wish to access:

- Add Access Request

Use the buttons below to select and remove NPIs before they are submitted for processing:

- Select All
- Clear Selected
- Delete

<table>
<thead>
<tr>
<th>App Type</th>
<th>Are you the Authorized Official?</th>
<th>Tracking ID</th>
<th>Organization EIN</th>
<th>Organization Name (LBN)</th>
<th>NPI</th>
<th>Organization Practice Location</th>
<th>Authorized Official</th>
<th>Authorized Official Phone Number</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>E</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Individual Provider

<table>
<thead>
<tr>
<th>App Type</th>
<th>Tracking ID</th>
<th>Provider Last Name</th>
<th>Provider First Name</th>
<th>Provider NPI</th>
<th>Provider Practice Location</th>
<th>Provider Phone Number</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>E</td>
<td></td>
<td>Doa</td>
<td>John</td>
<td>1234567890</td>
<td>123 Any Street Anywhere, MD 21136</td>
<td>4445551212</td>
<td></td>
</tr>
</tbody>
</table>

[https://ehrincentives.cms.gov](https://ehrincentives.cms.gov)
Step 2 – Login (Continued)

Working on Behalf of an Eligible Professional

BUYER

Applying as an Authorized Official:

If you are applying as an Authorized Official, a copy of your provider or supplier's organization CP-575 is required. The CP-575 is generated to the organization by the Internal Revenue Service (IRS), and contains the organization's Legal Business Name and Taxpayer Identification Number. If you cannot locate your CP-575, contact the IRS for a copy of your IRS Federal Tax Deposit Coupon, IRS 147C letter, or other official IRS document which verifies the taxpayer identification number and legal business name of your organization. Make a photocopy of the CP-575 or appropriate substitute and write your PEBCOS ID and Tracking ID at the top of the photocopy. Mail the photocopy of the CP-575 or appropriate substitute (with the Tracking ID written on it) to the CMS External User Services (EUS) Help Desk. Your application will not be processed until you receive a paper copy of the system.

The EP must log into the I&A system and approve your request. If you have questions, please contact the EUS Help Desk at the address and telephone number:

External User Services (EUS)
PO Box 79270
San Antonio, Texas 78216
Phone: 1-866-484-8549
TTY: 1-866-324-7409
EUSSupport@cpi.com

For questions concerning the Electronic Health Record (EHR) Incentive Program, please contact the EHR Incentive Program Information Center (EIPIC) at the following address and telephone number:

EHR Incentive Program Information Center (EIPIC)
Phone: 1-888-734-6433
TTY: 1-888-734-6563

Applying as an Organization end user:

If you are applying as an organization end user and have questions, please contact your Authorized Official. An e-mail notification will be sent to you once your request has been approved or rejected.

Applying to act on behalf of an individual provider:

If you are requesting to act on behalf of an individual provider and have questions, please contact the individual provider or the appropriate help desk using the contact information. If your request is not approved in a reasonable amount of time, please contact the individual provider.

User Name: John Doe

Note: App Type Legend: P=PECOS - Medicare Provider Enrollment; E=EHR Incentive Program

Provider/Supplier Organization

<table>
<thead>
<tr>
<th>App Type</th>
<th>Tracking ID</th>
<th>Provider/Supplier Organization EIN</th>
<th>Provider/Supplier Organization Name(LIN)</th>
<th>Organization NPI</th>
</tr>
</thead>
<tbody>
<tr>
<td>E</td>
<td>503162011689377</td>
<td>Doe</td>
<td>John</td>
<td>1234567890</td>
</tr>
</tbody>
</table>

Please provide tracking number on all correspondence.

TIPS

The EP's user ID and password are the same for the NPPES system

A proxy user may only register and attest for 1,000 eligible professionals

For questions regarding the EHR Incentive Program –

EHR Information Center
1-888-734-6433
TTY/1-888-734-6563

Medicare EHR Incentive Program User Guide – Page 12
Step 3 – Welcome
If your login was successful you will receive the “Welcome Screen”.

TIPS
The Welcome screen consists of four tabs to navigate through the registration and attestation process:
1. Home
2. Registration
3. Attestation
4. Status

Meaningful Use information:
https://www.cms.gov/EHRIncentivePrograms/30_Meaningful_Use.asp

STEPS
Click on the Attestation tab to continue registering for the EHR Incentive Program.
Step 4 – Attestation Instructions

Follow the registration instructions below.

STEPS

Click on Attest in the Action column to continue the registration process.

TIPS

“Resubmit”, “Modify”, “Cancel” and “Reactivate” are the available Action web links for returning users.

Only one action can be performed at a time on this page.

If the user selects the Action web link of “Register” or “Resubmit” they will be directed to the Topics for Registration screen.
Step 5 – Topics for this Attestation

The data required is grouped into six topics for Attestation.

Topics

The data required for this attestation is grouped into topics. In order to complete your attestation, you must complete all of the following topics. The Alternate Core Clinical Quality Measures (CCQM) topic is only required when a Core CCQM has a denominator of zero. Select the TOPIC and provide the required information. The system will show when each TOPIC is completed.

1. Attestation Information
2. Meaningful Use Core Measures
3. Meaningful Use Menu Measures
4. Clinical Quality Measures
5. Alternate Core Clinical Quality Measures
6. Additional Clinical Quality Measures

TIPS

The topics will only be marked as completed once all the information has been entered and saved.

When all topics are checked completed or N/A user can select “Continue with Attestation”
Step 6 – Attestation Information

**STEPS**

Enter your CMS EHR Certification Number

Enter the period start and end date of the reporting period you are attesting for

Click on **Save & Continue**

Note: If you are deemed a hospital-based provider you will not be eligible to participate in the Medicare EHR Incentive Program for this reporting period. Please note that your hospital based status is checked yearly and may differ based on your EHR Reporting Period in subsequent years

**TIPS**

The reporting period must be at least 90 days in the same calendar year. To attest for the Medicare EHR Incentive Program in subsequent years, you will need to have met meaningful use for a full year

The CMS EHR Certification Number is 15 characters long and the alphanumeric number is case sensitive and is required to proceed with attestation

To locate your CMS EHR certification number, click on “How do I find my EHR certification number?”

Follow the instructions on the CHPL website to obtain your CMS EHR Certification Number

**TOPICS PROGRESS**

This is the first of six topics required for attestation
Step 7 –
Meaningful Use Core Measures Questionnaire (1 of 15)

Read the objective and measure and respond as appropriate.

**STEPS**

Select the appropriate option under Patient Records

Answer Yes or No to the Exclusion question

Click on **Save & Continue** to continue with your attestation

If you click No the screen will expand and you must enter the numerator and denominator for the measure

**TIPS**

**Patient Records:** At the EP’s discretion, the numerators and denominators of certain measures may be calculated using only the patient records maintained in certified EHR technology. The EP may also elect to calculate the numerators and denominators of these measures using ALL patient records. EPs must indicate which method they used in their calculations.

**Exclusion:** EPs can be excluded from meeting an objective if they meet the requirements of the exclusion. If the EP cannot meet the specific exclusion requirements, then the EP cannot answer “Yes” to the exclusion question. (If no exclusion is indicated, the EP must report on that measure)

**TOPICS PROGRESS**

This is the second of six topics required for attestation
Step 8 –
Meaningful Use Core Measures Questionnaire (2 of 15)

STEPS

Select the appropriate option under Patient Records

Click on Save & Continue to continue with your attestation

TIPS

You may log out at any time and continue your attestation later. All of the information that you have entered up until this point will be saved within the attestation module.

Log back into the system and select the “Attestation” tab to continue your attestation when you return.

TOPICS PROGRESS

This is the second of six topics required for attestation

1 2 3 4 5 6
Step 9 – Meaningful Use Core Measures Questionnaire (3 of 15)

**STEPS**

Enter the Numerator and Denominator

Click on **Save & Continue** to continue with your attestation

**TIPS**

Numerator and Denominator must be whole numbers

Click on **HELP** for additional guidance to navigate the system

The Help link is on every page

**TOPICS PROGRESS**

This is the second of six topics required for attestation

1 2 3 4 5 6

Medicare EHR Incentive Program User Guide – Page 19
Step 10 –
Meaningful Use Core Measures Questionnaire (4 of 15)

**STEPS**

Select the appropriate option under Patient Records.

Answer Yes or No to the exclusion question

Enter the Numerator and Denominator

Click on **Save & Continue** to continue with your attestation

If you click No the screen will expand and you must enter the numerator and denominator for the measure.

**TIPS**

Enter the Numerator and Denominator if the exclusion does not apply to you

Click on Help for additional guidance to navigate the system

The Help link is on every page

**TOPICS PROGRESS**

This is the second of six topics required for attestation

1 2 3 4 5 6
Step 11 –
Meaningful Use Core Measures Questionnaire (5 of 15)

**STEPS**

Enter a Numerator and Denominator

Click Save & Continue

**NOTE:** You may log out at any time and continue your attestation later. All of the information that you have entered up until this point will be saved within the attestation module.

Log back into the system and select the “Attestation” tab to continue your attestation when you return.

**TIPS**

Numerator and Denominator must be whole numbers

Click on Help for additional guidance to navigate the system

The Help link is on every page

**TOPICS PROGRESS**

This is the second of six topics required for attestation

1 2 3 4 5 6

---

Medicare EHR Incentive Program User Guide – Page 21
Step 12 – Meaningful Use Core Measures Questionnaire

(6 of 15)

Enter Numerator and Denominator and click Save & Continue.

Step 13 – Meaningful Use Core Measures Questionnaire

(7 of 15)

Enter Numerator and Denominator and click Save & Continue.

TOPICS PROGRESS

This is the second of six topics required for attestation

1 2 3 4 5 6
Step 14 –

Meaningful Use Core Measures Questionnaire (8 of 15)

**STEPS**

Select the appropriate option under Patient Records

Answer Yes or No to Exclusion 1

Select Yes or No for Exclusion 2

If NO is chosen for both exclusions, enter the Numerator and Denominator

Click **Save & Continue** to proceed with attestation

**TIPS**

Numerator and Denominator must be whole numbers

You may select the Previous button to go back

This is the second of six topics required for attestation

---

Medicare EHR Incentive Program User Guide – Page 23
Step 15 –
Meaningful Use Core Measures Questionnaire (9 of 15)

**STEPS**

Select the appropriate option under Patient Records

Answer Yes or No to the Exclusion

If NO is chosen for the exclusion, enter the Numerator and Denominator

Click **Save & Continue** to proceed with attestation

To check your progress click on the Attestation tab at the top of the page and select “Modify” in the Action column in the Attestation Selection page.

The completed topics have a check mark on the Topics screen

**TOPICS PROGRESS**

This is the second of six topics required for attestation

1 2 3 4 5 6
Step 16 – Meaningful Use Core Measures Questionnaire
(10 of 15)

**STEPS**

Select Yes or No

Click **Save & Continue**

**TIPS**

These objectives must be reported and there are no exclusions to reporting these measures

Clinical Quality Measures (CQMs) will be reported in another section, but indicate yes or no if you plan to provide data on CQMs directly from your certified EHR

Step 17 – Meaningful Use Core Measures Questionnaire
(11 of 15)

**STEPS**

Select Yes or No

Click **Save & Continue**
Step 18 –
Meaningful Use Core Measures Questionnaire (12 of 15)

**STEPS**

Select the appropriate option under Patient Records

Select Yes or No for the EXCLUSION

If the exclusion applies to you, click Save & Continue

If the exclusion does not apply to you, check No

Enter the Numerator and Denominator

Click Save & Continue

**TIP**

NOTE: You may log out at any time and continue your attestation later. All of the information that you have entered up until this point will be saved within the attestation module

Log back into the system and select the “Attestation” tab to continue your attestation when you return
Step 19 –

Meaningful Use Core Measures Questionnaire (13 of 15)

**STEPS**

Select the appropriate option under Patient Records.

Select Yes or No for the EXCLUSION.

If the exclusion applies to you, click **Save & Continue**.

If the exclusion does not apply to you, check No.

Enter the Numerator and Denominator.

Click **Save & Continue**.

---

**Questionnaire:** (13 of 15)

*Red asterisk indicates a required field.*

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

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

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

*Does this exclusion apply to you?*

- Yes
- No

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

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

Complete the following information:

- **Numerator:** Number of office visits in this denominator for which a clinical summary is provided within three business days.
- **Denominator:** Number of office visits for the EP during the EHR reporting period.

- Numerator: 100
- Denominator: 101

For additional information: [Meaningful Use Measure Specification](https://ehrincentives.cms.gov)

Please select the **Previous** button to go back or the **Save & Continue** button to save your entry and proceed. Select the **Return to Attestation Progress** button to return to the Attestation Progress page. You can return to your place in the process at any time; however, the data for the current measure will not be saved.
Step 20 – Meaningful Use Core Measures Questionnaire

**(14 of 15)**

**STEPS**

1. Select Yes or No.
2. Click **Save & Continue**

**TIPS**

These objectives must be reported and there are no exclusions to reporting these measures.

**TOPICS PROGRESS**

This is the second of six topics required for attestation

1 2 3 4 5 6

**CQMs will be reported in another section, but indicate yes or no if you plan to provide data on CQMs directly from your certified EHR**

---

Step 21 – Meaningful Use Core Measures Questionnaire

**(15 of 15)**

**STEPS**

1. Select Yes or No.
2. Click **Save & Continue**

**TIPS**

These objectives must be reported and there are no exclusions to reporting these measures.

**TOPICS PROGRESS**

This is the second of six topics required for attestation

1 2 3 4 5 6

---
Step 22 – Meaningful Use Menu Measures Questionnaire

**TIPS**

You must select from both lists even if an exclusion applies to all measures.

**TOPICS PROGRESS**

This is the third of six topics required for attestation.
Step 23 – Review of the ten Meaningful Use Measures

Meaningful Use Public Health Measure (1 of 2) out of 10 Meaningful Use Menu Measures

You must submit at least one Meaningful Use Menu Measure from the public health list even if an Exclusion applies to both.

<table>
<thead>
<tr>
<th>Objective</th>
<th>Measure</th>
<th>Select</th>
</tr>
</thead>
<tbody>
<tr>
<td>Capability to submit electronic data to immunization registries or immunization information systems and actual submission in accordance with applicable law and practice.</td>
<td>Performed at least one test of certified EHR technology’s capacity to submit electronic data to immunization registries and follow up submission if the test is successful (unless none of the immunization registries to which the EP submits such information have the capacity to receive the information electronically).</td>
<td></td>
</tr>
</tbody>
</table>

TIPS

You must select from both the Public Health list and the Meaningful Use list that follows.

You must submit at least one Meaningful Use Measure from the public health list even if an Exclusion applies to both.

While this User Guide reviews all ten measures, the Attestation module will only show you the five you selected.

TOPICS PROGRESS

This is the third of six topics required for attestation.

1 2 3 4 5 6
Step 23 – Review of the ten Meaningful Use Measures (cont.)

Meaningful Use Public Health Measure (2 of 2) out of 10 Meaningful Use Menu Measures

<table>
<thead>
<tr>
<th>Objective</th>
<th>Measure</th>
<th>Select</th>
</tr>
</thead>
<tbody>
<tr>
<td>Capability to submit electronic syndromic surveillance data to public health agencies and actual submission in accordance with applicable law and practice.</td>
<td>Performed at least one test of certified EHR technology’s capacity to provide electronic syndromic surveillance data to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which an EP submits such information have the capacity to receive the information electronically).</td>
<td></td>
</tr>
</tbody>
</table>

**TIPS**

You must select from both the Public Health list and the Meaningful Use list that follows.

While this User Guide reviews all ten measures, the Attestation module will only show you the five you selected.

**TOPICS PROGRESS**

This is the third of six topics required for attestation

1 2 3 5
Step 23 – Review of the ten Meaningful Use Measures (cont.)

Menu Measure Objectives (3 of 10)

<table>
<thead>
<tr>
<th>Objective</th>
<th>Measure</th>
<th>Select</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implemented drug-formulary checks.</td>
<td>The EP has enabled this functionality and has access to at least one internal or external drug formulary for the entire EHR reporting period.</td>
<td>✓</td>
</tr>
</tbody>
</table>

You must select from both the Public Health list and the Meaningful Use list that follows. While this User Guide reviews all ten measures, the Attestation module will only show you the five you selected. You must select from both the Public Health list and the Meaningful Use list that follows.
Step 23 – Review of the ten Meaningful Use Measures (cont.)

Menu Measure Objectives (4 of 10)

<table>
<thead>
<tr>
<th>Objective</th>
<th>Measure</th>
<th>Select</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incorporate clinical lab-test results into EHR as structured data.</td>
<td>More than 40% of all clinical lab tests results ordered by the EP during the EHR reporting period whose results are in either a positive/negative or numerical format are incorporated in certified EHR technology as structured data.</td>
<td>✅</td>
</tr>
</tbody>
</table>

**MEASURES**

Remember, you must submit at least one Meaningful Use Measure from the public health list.

---

**TIPS**

While this User Guide reviews all ten measures, the Attestation module will only show you the five you selected. You must select from both the Public Health list and the Meaningful Use list that follows.

This is the third of six topics required for attestation.
Step 23 – Review of the ten Meaningful Use Measures (cont.)

Menu Measure Objectives (5 of 10)

<table>
<thead>
<tr>
<th>Objective</th>
<th>Measure</th>
<th>Select</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, or outreach.</td>
<td>Generate at least one report listing patients of the EP with a specific condition.</td>
<td>✔</td>
</tr>
</tbody>
</table>

**MEASURES**

Complete the questions for the 5 measures you selected

Click **Save & Continue**

**TIPS**

While this User Guide reviews all ten measures, the Attestation module will only show you the five you selected

You must select from both the Public Health list and the Meaningful Use list that follows
Step 23 – Review of the ten Meaningful Use Measures (cont.)

Additional Menu Measure Objectives (6 of 10)

<table>
<thead>
<tr>
<th>Objective</th>
<th>Measure</th>
<th>Select</th>
</tr>
</thead>
<tbody>
<tr>
<td>Send reminders to patients per patient preference for preventive/follow up care.</td>
<td>More than 20% of all unique patients 65 years or older or 5 years old or younger were sent an appropriate reminder during the EHR reporting period.</td>
<td>✔</td>
</tr>
</tbody>
</table>

MEASURES

Complete the questions for the 5 measures you selected

Click Save & Continue

TIPS

While this User Guide reviews all ten measures, the Attestation module will only show you the five you selected

You must select from both the Public Health list and the Meaningful Use list that follows

TOPICS PROGRESS

This is the third of six topics required for attestation
Step 23 – Review of the ten Meaningful Use Measures (cont.)

Additional Menu Measure Objective (7 of 10)

<table>
<thead>
<tr>
<th>Objective</th>
<th>Measure</th>
<th>Select</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide patients with timely electronic access to their health information (including lab results, problem list, medication lists and allergies) within 4 business days of the information being available to the EP.</td>
<td>At least 10% of all unique patients seen by the EP are provided timely (available to the patient within four business days of being updated in the certified EHR technology) electronic access to their health information subject to the EP’s discretion to withhold certain information.</td>
<td></td>
</tr>
</tbody>
</table>

**TIPS**

While this User Guide reviews all ten measures, the Attestation module will only show you the five you selected.

You must select from both the Public Health list and the Meaningful Use list that follows.
Step 23 – Review of the ten Meaningful Use Measures (cont.)

Additional Menu Measure Objectives (8 of 10)

<table>
<thead>
<tr>
<th>Objective</th>
<th>Measure</th>
<th>Select</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use certified EHR technology to identify patient-specific education resources and provide those resources to the patient if appropriate.</td>
<td>More than 10% of all unique patients seen by the EP during the EHR reporting period are provided patient-specific education resources.</td>
<td>✓</td>
</tr>
</tbody>
</table>

**TIP**

Complete the questions for the 5 measures you selected.

Note that while this User Guide reviews all ten measures, the Attestation module will only show you the five you selected.

Click **Save & Continue**

To check your progress click on the ATTESTATION tab at the top of the page and select “Modify” in the Action column in the Attestation Selection page. The completed topics have a check mark on the TOPICS screen.

**TOPICS PROGRESS**

This is the third of six topics required for attestation.
### Additional Menu Measure Objectives (9 of 10)

<table>
<thead>
<tr>
<th>Objective</th>
<th>Measure</th>
<th>Select</th>
</tr>
</thead>
<tbody>
<tr>
<td>The EP who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation.</td>
<td>The EP performs medication reconciliation for more than 50% of transitions of care in which the patient is transitioned into the care of the EP.</td>
<td>✅</td>
</tr>
</tbody>
</table>

**TIPS**

While this User Guide reviews all ten measures, the Attestation module will only show you the five you selected.

**TOPICS PROGRESS**

This is the third of six topics required for attestation.
Step 23 – Review of the ten Meaningful Use Measures (cont.)

Additional Menu Measure Objectives (10 of 10)

<table>
<thead>
<tr>
<th>Objective</th>
<th>Measure</th>
<th>Select</th>
</tr>
</thead>
<tbody>
<tr>
<td>The EP who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care should provide summary of care record for each transition of care or referral.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The EP who transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 50% of transitions of care and referrals.</td>
<td></td>
<td>✅</td>
</tr>
</tbody>
</table>

MEASURES

Remember, you must submit at least one Meaningful Use Measure from the public health list even if an Exclusion applies to both.

TIPS

While this User Guide reviews all ten measures, the Attestation module will only show you the five you selected.

You must select from both the Public Health list and the Meaningful Use list that follows.

TOPICS PROGRESS

This is the third of six topics required for attestation.
Step 24 – Clinical quality measures (CQM) –
eReporting option

**TIP**
For information on the CQM eReporting, click on the Clinical Quality Measure Specification Page

**TOPICS PROGRESS**
This is the third of six topics required for attestation

---

**STEPS**
If you selected yes, you will need to electronically submit your clinical quality measures and you will NOT be able to attest CQM results.

The reporting period for CQMs submitted electronically will be the entire 2012 Calendar Year.

Please continue to submit your attestation in the Registration and Attestation System once you have completed the Meaningful Use Core and Meaningful Use Menu measures.

**Please Note:** Your attestation status will stay in “pending pilot” until you submit your CQMs electronically. You will not qualify for an incentive payment until you have submitted your CQMs. If you selected no, then you will be allowed to attest to the CQMs and you may also submit your CQMs electronically.

Click *Continue With Attestation*
Step 25 – Core Clinical Quality Measures (CQMs 1 of 3)

EPs must report calculated CQMs directly from their certified EHR technology as a requirement of the EHR Incentive Programs. Each EP must report on three core CQMs (or alternate core) and three additional quality measures. If one or more core CQMs is outside your scope of practice, you will have to report on an equal number of alternate core CQM(s). If the denominator value for all three of the core CQMs is zero, an EP must report a zero denominator for all such core measures, and then must also report on all three alternate core CQMs. If the denominator value for all three of the alternate core CQMs is also zero an EP still needs to report on three additional clinical quality measures. Zero is an acceptable denominator provided that this value was produced by certified EHR technology.

You will be reporting on a minimum of 6 CQMs or a maximum of 9 CQMs.

TIPS

- Numerator and Denominator must be whole numbers
- The Denominator must be entered before the Numerator on the remaining screens

TOPICS PROGRESS

This is the fourth of six topics required for attestation

1  2  3  4  5  6
Step 26 – Core Clinical Quality Measures (CQMs 2 of 3)

**TIPS**

Numerator and Denominator must be whole numbers

The Denominator must be entered before the Numerator on the remaining screens

**STEPS**

Enter Clinical Quality Measure 2 of 3

Enter Denominator and Numerator

Click Save & Continue to proceed with attestation

**TOPICS PROGRESS**

This is the fourth of six topics required for attestation

Medicare EHR Incentive Program User Guide – Page 42
Step 27 – Core Clinical Quality Measures (CQMs 3 of 3)

Steps

Enter Clinical Quality Measure 3 of 3

Enter Denominators and Numerators

Click Save & Continue to proceed with attestation

You will navigate to step 28 unless you entered a denominator of zero in one of the core CQM measures.

Tips

Enter the number of exclusions after the numerator

While the EHR may have been configured to produce calculations of the measures, the information reported for this objective only includes the denominator, numerators and if applicable, the exclusion data for that measure.

Topics Progress

This is the fourth of six topics required for attestation
Step 28 – Alternate Clinical Quality Measures (CQMs)

If you entered a denominator of zero for one of your CQMs, you must submit **one** Alternate Core Clinical Quality Measure.

If you entered a denominator of zero for **two** of your CQMs, you must submit **two** Alternate Core Clinical Quality Measures.

If you entered a denominator of zero for **all** of your CQMs, you must submit **all** of the Alternate Core Clinical Quality Measures.

**STEPS**

The screen will prompt you with the number of alternate core CQMs you must select, and that number is based on the number of zeros you reported in the denominators of core CQMs.

Select your CQMs and Click **Save & Continue**.
Step 29 – Alternate Clinical Quality Measures – Questionnaire

**STEPS**

Enter the Denominator and Numerator for each population criteria

Click *Save & Continue*

**TIPS**

All fields must be completed

Only the additional Clinical Quality Measures you selected will be presented on the screen

**TOPICS PROGRESS**

This is the fifth of six topics required for attestation

1 2 3 4 5 6
Step 29 – Alternate Clinical Quality Measures (cont.)

**Questionnaire: (2 of 3)**

(*) Red asterisk indicates a required field.

**NQF 0041**

**Title:** Preventive Care and Screening: Influenza Immunization for Patients greater than or equal to 50 Years Old

**Description:** Percentage of patients aged 50 years and older who received an influenza immunization during the flu season (September through February).

Complete the following information:

- Denominator:
- Numerator:
- Exclusion:

For additional information: [Clinical Quality Measure Specification Page](https://ehrincentives.cms.gov)

Please select the Previous button to go back a page. Select the Return to Attestation Progress button to view your progress through the attestation topics. Please note that any changes that you have made on this page will not be saved. Select the Save & Continue button to save your entry and proceed.

---

**Questionnaire: (3 of 3)**

(*) Red asterisk indicates a required field.

**NQF 0038**

**Title:** Childhood Immunization Status

**Description:** Percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); two H influenza type B ( Hib); three hepatitis B (Hep B); one chicken pox (VZV); four pneumococcal conjugate (PCV); two hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. The measure calculates a rate for each vaccine and two separate combination rates.

Complete the following:

- Denominator 1: Numerator 1: Exclusion 1:
- Denominator 2: Numerator 2: Exclusion 2:
- Denominator 3: Numerator 3: Exclusion 3:
- Denominator 4: Numerator 4: Exclusion 4:
- Denominator 5: Numerator 5: Exclusion 5:
- Denominator 6: Numerator 6: Exclusion 6:
- Denominator 7: Numerator 7: Exclusion 7:
- Denominator 8: Numerator 8: Exclusion 8:
- Denominator 9: Numerator 9: Exclusion 9:

---

**STEPS**

Enter Numerator(s), Denominator(s) and Exclusion

Click Save & Continue

---

**TIPS**

All fields must be completed

Only the additional Clinical Quality Measures you selected will be presented on the screen

---

**TOPICS PROGRESS**

This is the fifth of six topics required for attestation

1 2 3 4 5 6
Step 30 – Additional Clinical Quality Measures – Questionnaire

**STEPS**

Select three (3) Additional Clinical Quality Measures by clicking on the box immediately following the measures.

Note: This is a sample of the list of Additional Clinical Quality Measures, not a complete list.

After reviewing all measures and selecting three, click **Continue** at the bottom of your screen.

**TIPS**

You will be prompted to enter a numerator, denominator and exclusion on the next pages.

Only the additional Clinical Quality Measures you selected will be presented on the screen.

**TOPICS PROGRESS**

This is the sixth of six topics required for attestation.

---

### Additional Clinical Quality Measures

**Questionnaire**

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

<table>
<thead>
<tr>
<th>Measure #</th>
<th>Title</th>
<th>Description</th>
<th>Selection</th>
</tr>
</thead>
<tbody>
<tr>
<td>NQF 0055</td>
<td>Diabetes: Hemoglobin A1c Poor Control</td>
<td>Percentage of patients 18-75 years of age with diabetes (type 1 or type 2) who had hemoglobin A1c &gt; 9.0%.</td>
<td>☐</td>
</tr>
<tr>
<td>NQF 0054</td>
<td>Diabetes: Low Density Lipoprotein (LDL) Management and Control</td>
<td>Percentage of patients 18-75 years of age with diabetes (type 1 or type 2) who had LDL-C &lt; 100 mg/dl.</td>
<td>☐</td>
</tr>
<tr>
<td>NQF 0051</td>
<td>Diabetes: Blood Pressure Management</td>
<td>Percentage of patients 18-75 years of age with diabetes (type 1 or type 2) who had blood pressure &lt;140/90 mmHg.</td>
<td>☐</td>
</tr>
<tr>
<td>NQF 0081</td>
<td>Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)</td>
<td>Percentage of patients aged 18 years and older with a diagnosis of heart failure and LVSD (LVF &lt; 40%) who were prescribed ACE inhibitor or ARB therapy.</td>
<td>☐</td>
</tr>
<tr>
<td>NQF 0070</td>
<td>Coronary Artery Disease (CAD): Beta-Blocker Therapy for CAD Patients with Prior Myocardial Infarction (MI)</td>
<td>Percentage of patients aged 18 years and older with a diagnosis of CAD and prior MI who were prescribed beta-blocker therapy.</td>
<td>☐</td>
</tr>
<tr>
<td>NQF 0043</td>
<td>Pneumonia Vaccination Status for Older Adults</td>
<td>Percentage of patients 65 years of age and older who have ever received a pneumococcal vaccine.</td>
<td>☐</td>
</tr>
<tr>
<td>NQF 0033</td>
<td>Breast Cancer Screening</td>
<td>Percentage of women 40-69 years of age who had a mammogram to screen for breast cancer.</td>
<td>☐</td>
</tr>
<tr>
<td>NQF 0034</td>
<td>Colorectal Cancer Screening</td>
<td>Percentage of adults 50-75 years of age who had appropriate screening for colorectal cancer.</td>
<td>☐</td>
</tr>
<tr>
<td>NQF 0057</td>
<td>Coronary Artery Disease (CAD): Oral Antiplatelet Therapy Prescribed for Patients with CAD</td>
<td>Percentage of patients aged 18 years and older with a diagnosis of CAD who were prescribed oral antiplatelet therapy.</td>
<td>☐</td>
</tr>
<tr>
<td>NQF 0082</td>
<td>Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)</td>
<td>Percentage of patients aged 18 years and older with a diagnosis of heart failure who also have LVSD (LVF &lt; 40%) who were prescribed beta-blocker therapy.</td>
<td>☐</td>
</tr>
<tr>
<td>NQF 0105</td>
<td>Anti-depressant medication management: (2) Effective Acute Phase Treatment, (b) Effective Continuation Phase Treatment</td>
<td>Percentage of patients 18 years of age and older who were diagnosed with a new episode of major depression, treated with antidepressant medication, and who remained on an antidepressant medication treatment.</td>
<td>☐</td>
</tr>
</tbody>
</table>
Step 30 – Additional Clinical Quality Measures (cont.)

**STEPS**

Only the additional Clinical Quality Measures you selected will be presented on the screen.

Enter Denominator, Numerator and Exclusion for the three (3) Additional Clinical Quality Measures chosen.

Click Save & Continue.
Step 31 - Topics for this Attestation

STEPS
When all topics are marked as completed or N/A, you may proceed with Attestation.

Click
Continue with Attestation to complete the Attestation process.

The next screen allows you to view your entries before the final submission.

TIPS
Click on the Progress Bar to modify your Attestation.

If you choose not to view the summary of measures you will navigate to step 32.
Step 32 – Attestation Summary

**STEPS**

Select the measure Progress Bar to edit a measure

Click **Save & Continue**

**TIPS**

CMS recommends you review all of your attestation information before submitting. EPs who fail their attestation can submit their information again, but cannot submit information for the exact same 90-day period. The 90-day period can be a day later (3/1-5/31 vs. 3/2-6/1), but that will mean that EPs may have to recalculate all of their numerator and denominator information.

To attest for the Medicare EHR Incentive Program in subsequent years, you will need to have met meaningful use for a full year. Please note the reporting period for eligible professionals must fall within the calendar year.
### Step 32 – Attestation Summary (Cont.)

#### Steps

Steps click **Next**

Topic to review the remaining summary of measures

You may **Edit** any measure from this screen

Click on **Continue with Attestation** to skip viewing the summary of measures and proceed with your attestation

### TIPS

- **Click Return to Attestation summary** to view the topics page
- **Click on Help** for additional guidance to navigate the system

---

#### Medicare & Medicaid EHR Incentive Program Registration and Attestation System

**Attestation Summary**

<table>
<thead>
<tr>
<th>Objective</th>
<th>Measure</th>
<th>Entered</th>
<th>Select</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use computerized provider order entry (CPOE) for medication orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines</td>
<td>More than 90% of all unique patients with at least one medication in their medication list seen by the EP have at least one medication order entered using CPOE</td>
<td>Numerator = 100 Denominator = 101</td>
<td><strong>Edit</strong></td>
</tr>
<tr>
<td>Implement drug-drug and drug-allergy interaction checks</td>
<td>The EP has enabled this functionality for the entire EHR reporting period.</td>
<td>Yes</td>
<td><strong>Edit</strong></td>
</tr>
<tr>
<td>Maintain an up-to-date problem list of current and active diagnoses</td>
<td>More than 90% of all unique patients seen by the EP have at least one entry or an indication that no problems are known for the patient recorded as structured data.</td>
<td>Numerator = 100 Denominator = 101</td>
<td><strong>Edit</strong></td>
</tr>
<tr>
<td>Generate and transmit dispensable prescriptions electronically (eRx).</td>
<td>More than 40% of all dispensable prescriptions written by the EP are transmitted electronically using certified EHR technology.</td>
<td>Numerator = 100 Denominator = 101</td>
<td><strong>Edit</strong></td>
</tr>
<tr>
<td>Maintain active medication list.</td>
<td>More than 90% of all unique patients seen by the EP have at least one entry (an indication that the patient is not currently prescribed any medication) recorded as structured data.</td>
<td>Numerator = 100 Denominator = 101</td>
<td><strong>Edit</strong></td>
</tr>
<tr>
<td>Maintain active medication allergy list.</td>
<td>More than 90% of all unique patients seen by the EP have at least one entry or an indication that no known medication allergies are recorded as structured data.</td>
<td>Numerator = 100 Denominator = 101</td>
<td><strong>Edit</strong></td>
</tr>
<tr>
<td>Record all of the following demographics: Preferred language Gender Race Ethnicity Date of birth</td>
<td>More than 50% of all unique patients seen by the EP have demographics recorded as structured data.</td>
<td>Numerator = 100 Denominator = 101</td>
<td><strong>Edit</strong></td>
</tr>
<tr>
<td>Record and chart changes in vital signs: Height Weight Blood pressure Calculate and display body mass index (BMI) Plot and display growth charts for children 2-20 years, including BMI.</td>
<td>More than 50% of all unique patients age 2 and over seen by the EP, height, weight and blood pressure are recorded as structure data.</td>
<td>Numerator = 100 Denominator = 102</td>
<td><strong>Edit</strong></td>
</tr>
</tbody>
</table>

To edit information, select the **Edit** button next to the measure that you would like to edit. Please select the **Previous** button to go back a topic or the **Next** button to proceed to the next topic. Select the **Return to Attestation Summary** button to return to the Attestation Summary page. Select the **Continue with Attestation** button to skip viewing the Attestation Summary and proceed with your attestation.

---

**Medicare EHR Incentive Program User Guide – Page 51**

[https://ehrincentives.cms.gov](https://ehrincentives.cms.gov)
Step 33 – Submission Process: Attestation Statements

**STEPS**

Check the box next to each statement to attest.

To complete your attestation, click **Agree**.

Click **Submit Attestation** if you are sure that you are ready to submit your attestation.

If you are not ready and want to save your work, click **Exit**.

**TIPS**

If **Disagree** is chosen, you will move back to the Home Page and your attestation will not be submitted.

Click on **Help** for additional guidance to navigate the system.

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Step 34 – Attestation Disclaimer

If you answer YES you will navigate to the Attestation Disclaimer page.

Read the disclaimer and click on Agree or Disagree.

If Agree is chosen and you have met all meaningful use objectives and measures you will receive the “Accepted Attestation” submission receipt.

TIPS

CMS recommends you review all of their attestation information before submitting. EPs who fail their attestation can submit their information again, but cannot submit information for the exact same 90-day period. The 90-day period can be a day later (3/1-5/31 vs. 3/2-6/1), but that will mean that EPs may have to recalculate all of their numerator and denominator information.

If DISAGREE is chosen you will move back to the Home Page and your attestation will not be submitted.
Step 35 – Submission Receipt (Accepted Attestation)

**STEPS**

The “Accepted Attestation” submission receipt contains attestation tracking information.

This concludes the Attestation Process.

Click on **Review Results** to view the Summary and Detail of the Core Measures Menu Measures and Clinical Quality Measures.

**TIPS**

- Please print this receipt for your records.
- The Summary will indicate whether the measure is accepted or rejected.
- You will receive a confirmation email.

[Image of submission receipt and attestation summary]
Step 35 – Submission Receipt (Rejected Attestation)

STEPS

Your attestation was rejected. You did not meet one or more of the meaningful use minimum standards.

Please reassess/modify your practice so that you can meet the measure(s)

Review your documentation to ensure the correct information was entered at attestation for each of the objectives and their associated measures

If an error is found, you may make the correction and resubmit your attestation for this same reporting period.

Or you may submit an attestation with information for a different reporting period during the first payment year to successfully demonstrate meaningful use

Click on Review Results to review the status of the Core Measures, Menu Measures, and Clinical Quality Measures

Choose the appropriate measure link from the summary of measures list

TIPS

You may select the Status tab for additional information about your EHR incentive program participation

Click on Help for additional guidance to navigate the system
Step 36 – Summary of Measures – Rejected Attestation

STEPS

Review Summary of Meaningful Use Core Measures

Select **Edit**

Review each measure for the Accepted/Rejected status

Click **Next Topic** to continue with the Menu measures

**TIP**

Print the Summary of Measures page for your future reference
Step 37 – Medicare Attestation – Resubmission

STEPS

Select Resubmit under the Action column

NOTE: EPs who fail their attestation can submit their information again, but cannot submit information for the exact same 90-day period. The 90-day period can be a day later (3/1-5/31 vs. 3/2-6/1), but that will mean that EPs may have to recalculate all of their numerator and denominator information.

To attest for the Medicare EHR Incentive Program in subsequent years, you will need to have met meaningful use for a full year. Please note the reporting period for eligible professionals must fall within the calendar year.

Tips:

When you click on a measures list, you will navigate to the first page of the chosen measures. Click Save and Continue to page to the appropriate measure for editing.

Click Save and Continue through the remaining measures to the “Topics for this Attestation” page.

https://ehrincentives.cms.gov
**Step 38 – Topics for Attestation – Resubmission**

**STEPS**

Click on each of the links in the Summary of Measures to view the details of the list tables of the Core Measures, Menu Measures and Clinical Quality Measures.

Click *Continue with Attestation*

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**TIP**

*All of the topics must be complete in order to continue with attestation*
Step 38 – Topics for Attestation – Resubmission (cont.)

**CMS recommends you review all of their attestation information before submitting. EPs who fail their attestation their first reporting year, can submit their information again, but cannot submit information for the exact same 90-day period. The 90-day period can be a day later (3/1-5/31 vs. 3/2-6/1), but that will mean that EPs may have to recalculate all of their numerator and denominator information.**
Step 39 – Attestation Statements and Confirmation Page – Resubmission

**STEPS**

Check each box next to each statement to attest

Click on **Agree**

Click on **Submit Attestation** to confirm submission

**TIP**

Select the **Disagree** button to go to the Home Page (your attestation will not be submitted), or the **Agree** button to proceed with the attestation submission process
Step 40 – Attestation Disclaimer

**STEPS**

Read the Attestation Disclaimer and Click on Agree or Disagree

Click **Attest**

**TIP**

If Disagree is chosen you will be directed back to the Medicare Attestation Instructions page to Modify or Cancel your attestation
Have Questions?

RESOURCES

Contact the EHR Information Center Help Desk for Questions concerning registration and attestation, (888) 734-6433 / TTY: (888) 734-6563
Hours of operation: Monday-Friday 8:30 a.m. – 4:30 p.m. in all time zones (except on Federal holidays)

Identification & Authentication System (I&A) Help Desk for assistance, PECOS External User Services (EUS) Help Desk
Phone: 1-866-484-8049
E-mail: EUSSupport@cgi.com

NPPES Help Desk for assistance. Visit; https://nppes.cms.hhs.gov/NPPES/Welcome.do
(800) 465-3203 / TTY (800) 692-2326

PECOS Help Desk for assistance. Visit; https://pecos.cms.hhs.gov/
(866)484-8049 / TTY (866)523-4759

Certified health IT Product website - Office of the National Coordinator (ONC)
http://onc-chpl.force.com/ehrcert/CHPLHome

EHR Incentive Program; visit
http://www.cms.gov/EHRIncentivePrograms/
### Acronym Translation

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<td>Centers for Medicare &amp; Medicaid Services</td>
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<tr>
<td>CQM</td>
<td>Clinical Quality Measures</td>
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<td>DMF</td>
<td>Social Security Death Master File</td>
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<td>EH</td>
<td>Eligible Hospital</td>
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<tr>
<td>EHR</td>
<td>Electronic Health Record</td>
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<td>Employer’s Identification Number</td>
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<td>Fiscal Intermediary</td>
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<tr>
<td>FQHC</td>
<td>Federally Qualified Health Center</td>
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<tr>
<td>I&amp;A</td>
<td>Identification &amp; Authentication System</td>
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<td>National Provider Identifier</td>
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<td>NPPES</td>
<td>National Plan and Provider Enumeration System</td>
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<tr>
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<td>Provider Enrollment, Chain and Ownership System</td>
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