



ATTESTATION USER GUIDE

For Eligible Professionals

Medicare Electronic Health Record --- (EHR) Incentive Program

2014 Stage I Definition of Meaningful Use



June 2014



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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>

To return to the Table of Contents, click ‘Back to the Table of Contents’ at the bottom of each page.



Step I – Getting Started

To receive an incentive payment, Medicare eligible professionals (EPs) must attest annually to their meaningful use of certified electronic health record (EHR) 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 EPs Electronic Health Record (EHR) Incentive Program 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.

STEPS

Enter the EHR Incentive Program URL (located at the top of the page) into your web browser

Click *Continue* to start the attestation process



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 instill 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.

Additional Resources: For 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](#).

Overview of Eligible Professional (EP) and Eligible Hospital Types

Eligible Professionals (EPs)

Medicare EPs include:

- Doctors of Medicine or Osteopathy
- Doctors of Dental Surgery or Dental Medicine
- Doctors of Podiatric Medicine
- Doctors of Optometry
- Chiropractors

Medicare Advantage Organization (MAO) EPs - A qualifying MAO may receive an incentive payment for their EPs. For more information, visit [CMS website](#).

NOTE: EPs may NOT be hospital-based. This is defined as any provider who furnishes 90% or more of their services in a hospital setting (inpatient or emergency room).

Medicaid EPs include:

- Physicians
- Nurse Practitioners
- Certified Nurse - Midwife
- Dentists
- Physicians Assistants who practice in a Federally Qualified Health Center (FQHC) or Rural Health Center (RHC) that is led by a Physician Assistant

Further, Medicaid EPs must also:

- Have a minimum of 30% Medicaid patient volume (20% minimum for pediatricians), OR
- Practice predominantly in a FQHC or RHC and have at least 30% patient volume to needy individuals

Eligible Hospitals

Medicare Eligible Hospitals include:

- 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 law.
- Critical Access Hospitals (CAHs)
- Medicare Advantage Affiliated hospitals (MA-Affiliated Hospitals)

Medicaid Eligible Hospitals include:

- Acute Care Hospitals with at least 10% Medicaid patient volume. May include CAHs and cancer hospitals.
- Children's Hospitals



Continue ▶



TIPS

To determine your eligibility, click on the CMS website

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

Step 1 - (Continue)

Carefully read the screen for important information.



Warning

(*) Red asterisk indicates a required field.

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. \[PDF, 96.6 KB\]](#)
- 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

Select the **Continue** button to go to the LOGIN page or select the **Previous** button to go back to the WELCOME page



[Web Policies & Important Links](#)

[Department of Health & Human Services](#)

[CMS.gov](#)

[Accessibility](#)

[File Formats and Plugins](#)



STEPS

.....
Please read the statements on the page and check the box to indicate that you acknowledge that you are aware of the 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

The screenshot shows the login instructions page for the Medicare & Medicaid EHR Incentive Program. It features a header with the EHR Incentive Program logo and the title 'Registration and Attestation System'. Below the header is a green bar with the text 'Login Instructions'. The main content is organized into five sections: Eligible Professionals (EPs), Eligible Hospitals, Associated with both Eligible Professionals (EPs) and Eligible Hospitals, Account Management, and a login form. The login form includes fields for User ID and Password, a 'Log In' button, and a 'Cancel' button. At the bottom of the page, there are links for 'Web Policies & Important Links', 'Department of Health & Human Services', 'CMS.gov', 'Accessibility', and 'File Formats and Plugins', along with the CMS logo.

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 22 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



TIPS

Users working on behalf of an Eligible Professional(s) must have an Identity and Access Management system (I&A) 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 I&A web user account, **Create a Login** in the I&A System

Contact the PECOS Help Desk if you cannot remember your password-(866) 484-8049/ TTY(866)523-4759, <https://pecos.cms.hhs.gov>

To locate your NPI number, visit; <https://nppes.cms.hhs.gov/NPPES/NPIRegistryHome.do>

User name and password are case sensitive

Step 2 – Login (Continued)

Working on Behalf of an Eligible Professional

Sign In

* Indicates required field(s)

* **User ID:**

* **Password:**

Sign In

[? Forgot Password](#)

[? Retrieve Forgotten User ID](#)

[? Enter your PIN](#)

One account to access multiple systems

Create one account with the Identity & Access Management System to manage access to PECOS and EHR incentive programs, manage staff, and authorize others to access your information. ([Register now](#))

PECOS

Use this system to register for Medicare or update your current enrollment information.

EHR

Register to receive EHR Incentive payments for eligible professionals and hospitals that adopt, implement and upgrade or demonstrate meaningful use with certified EHR technology.

STEPS

If you are already registered as an authorized user, proceed to page 22 of this guide. If you are a new user, click **register**.

Read through the Terms and Conditions and click **Accept**.

Read through the Terms and Conditions and click

Terms and Conditions

You are accessing a U.S. Government information system, which includes: (1) this computer, (2) this computer network, (3) all computers connected to this network, and (4) all devices and storage media attached to this network or to a computer on this network. This information system is provided for U.S. Government-authorized use only.

Unauthorized or improper use of this system may result in disciplinary action, as well as civil and criminal penalties.

By using this information system, you understand and consent to the following:
You have no reasonable expectation of privacy regarding any communication or data transiting or stored on this information system.

At any time, and for any lawful Government purpose, the Government may monitor, intercept, and search and seize any communication or data transiting or stored on this information system.

Any communication or data transiting or stored on this information system may be disclosed or used for any lawful Government purpose.

To continue, you must accept the terms and conditions. If you decline, you will not be able to continue.

Accept **Decline**



TIPS

Click on the **HELP** tab at the top of the screen for help creating your I&A user name and password

User name and password are case sensitive

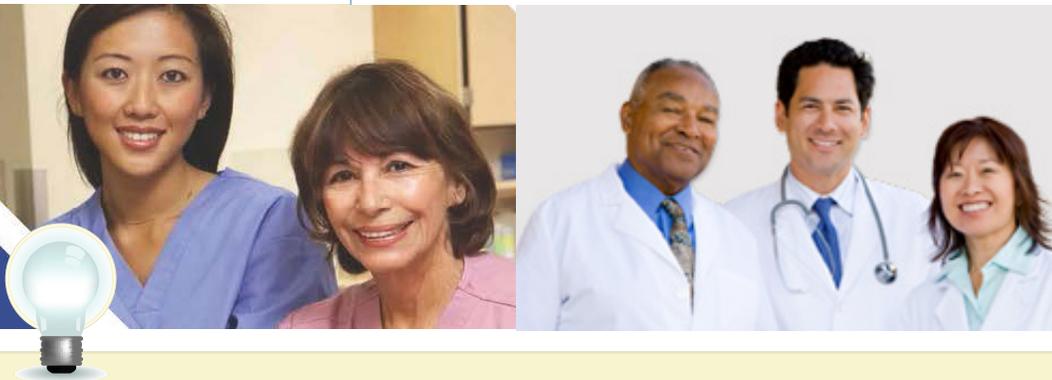
Step 2 – Login (Continued)

Working on Behalf of an Eligible Professional

STEPS

Enter the email address associated with your account, and retype to confirm. Enter the security text and click **Submit**.

Once you enter your email address, you will receive an email with a PIN number to verify your account. Enter the PIN and 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



Identity & Access Management System

[Help](#)

User Registration - User Security



* Indicates required field(s)

*** User ID:**

*** Password:**

*** Confirm Password:**

User ID

- Must be 6-12 alphanumeric characters and unique within the Identity & Access Management System and NPPES.
- Must not contain more than four digits, nor spaces or special characters.
- Must not contain personally identifiable information such as SSN or NPI.

Password

- Must be 8-12 alphanumeric characters.
- Must contain at least one letter and one number.
- May not contain any special characters nor be the same as the User ID.

Please select five different security questions and enter their answers below:

* Question 1: <input type="text" value="Select One"/>	* Answer 1: <input type="text"/>
* Question 2: <input type="text" value="Select One"/>	* Answer 2: <input type="text"/>
* Question 3: <input type="text" value="Select One"/>	* Answer 3: <input type="text"/>
* Question 4: <input type="text" value="Select One"/>	* Answer 4: <input type="text"/>
* Question 5: <input type="text" value="Select One"/>	* Answer 5: <input type="text"/>

Continue

[Cancel](#)

STEPS

Create a User ID and password for your account. Choose security questions and answers in case you forget your password. Click **Continue**.



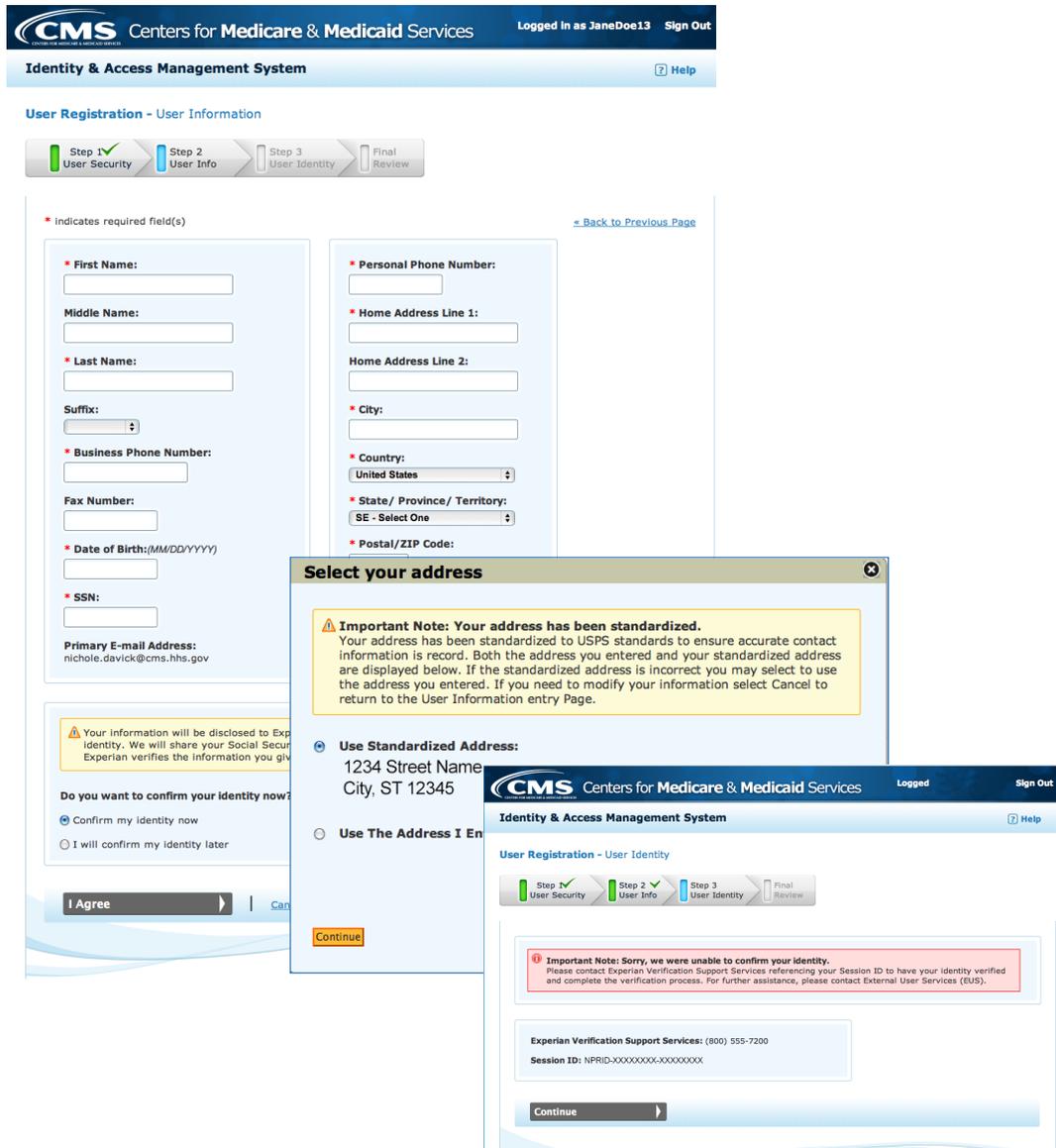
TIPS

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



STEPS

Enter your personal information in the fields provided. You will be asked for your Social Security number to verify your identity. You can either verify your identity now or do so at a later time. Click **I Agree**.

Your address may need to be reformatted to meet USPS standards.

If your identity cannot be verified, you will receive a notice with more information.



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

The screenshot displays the CMS Identity & Access Management System interface. At the top, it shows the CMS logo, "Centers for Medicare & Medicaid Services", and navigation links for "Logged" and "Sign Out". The main content area is titled "Identity & Access Management System" and includes a "Help" link. A notification box contains an email from EUSSupport@cgi.com with the subject "Acknowledgement of Registration". The email text congratulates the user on successfully registering and provides account information: Name, User ID, and Date of Registration. It also includes a login link: <https://nppes7.cms.cmsval/IAWeb/login.do>. Below the email, a progress bar shows four steps: "Step 1 User Security" (checked), "Step 2 User Info" (checked), "Step 3 User Identity" (checked), and "Final Complete" (active). A "Continue To Homepage" button is located at the bottom of the progress bar section.

STEPS

Once you have entered all your information, you will receive a confirmation email and see a screen notifying you that you have been successfully registered.



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

The screenshot shows the CMS Identity & Access Management System interface. At the top, there is a navigation bar with the CMS logo, the text "Centers for Medicare & Medicaid Services", and "Logged" and "Sign Out" buttons. Below the navigation bar is a header for "Identity & Access Management System" with a "Help" link. The main content area has three tabs: "Home", "My Profile", and "My Connections". The "Home" tab is selected, displaying a welcome message: "Welcome to the Identity and Access Management System!". Below this, there are three questions: "Are you an Individual Provider?", "Are you responsible for an Organization?", and "None of above?". Each question is followed by a paragraph of instructions. To the right of the main content is a "News & Alerts" box containing "EUS Contact Information" with details for External User Services (EUS), including address, phone, TTY, and email. Below the main content is a grid of four resources: "Quick Reference Guide" (PDF icon), "Frequently Asked Questions" (PDF icon), "Video: How to Create an Account" (video icon), and "Video: How to register as an Authorized Official for your Organization" (video icon). The bottom two videos have descriptions: "Video: Connections?" (video icon) and "Video: Connections?" (video icon).

STEPS

Once you have successfully logged in, you will see the main Identity & Access Management System. Here you can update your profile, manage your connections, or access helpful resources.



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

CMS Centers for Medicare & Medicaid Services Logged Sign Out

Identity & Access Management System Help

Home **My Profile** **My Connections**

My Profile

My Information

To protect your information we are using an external authentication service provider, Experian, to help us verify your identity. We do not store the questions or your answers used in this process. At this time this verification is optional, but it will become required in the future. Would you like to confirm your identity now? Confirm My Identity Now

Name: **Home Address:**

Date of Birth:

SSN:

Business Phone Number: **Personal Phone Number:**

Fax Number: Modify My Information

Primary E-mail Address: Modify Primary E-mail

Password
Your Password will expire in **60 day(s)**. [Change Password](#)

Security
[Change Security Questions & Answers >](#)

Employer Information

Employer	My Role with this Employer	My Status with this Employer	PECOS	EHR	NPPES (Future)
No Employer Exists					

If you wish to add an employer, click "Add an Employer". Add an Employer ←

STEPS

To finish registering through the Identity & Access Management System, you will need to enter your personal information in the My Profile tab. If you would like to add an employer, you can do so at the bottom of the page.



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

The screenshot shows the CMS Identity & Access Management System interface. At the top, there is a navigation bar with the CMS logo, 'Centers for Medicare & Medicaid Services', 'Logged', and 'Sign Out'. Below this is a sub-header 'Identity & Access Management System' with a 'Help' link. The main content area has three tabs: 'Home', 'My Profile', and 'My Connections'. Under 'My Profile', there is a section titled 'Add Employer Search' with a 'Back to Previous Page' link. Below this is a search instruction: 'Search for Organizations or Individual Providers to be associated to by entering either Organization Name (with City/State or ZIP); or Last Name (for Individual Provider); or NPI (for Individual Provider or Organization)'. The search form contains the following fields: Organization Name, NPI, First Name, Last Name, City, State (a dropdown menu currently showing 'SE - Select One'), and ZIP. A yellow 'Search' button is located to the right of the Organization Name and NPI fields, with a red arrow pointing to it.

STEPS

To add an employer, enter the organization information including the NPI number. Click **Search**.



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

Identity & Access Management System Help

Home My Profile My Connections

My Profile ▶ Add Employer Search « Back to Previous Page

Search for Organizations or Individual Providers to be associated to by entering either Organization Name (with City/State or ZIP); or Last Name (for Individual Provider); or NPI (for Individual Provider or Organization).

Organization Name: NPI:

First Name: Last Name:

City: State: SE - Select One ZIP:

Search Results

Name	Doing Business As	NPI	Address	View NPI	View Other Name
<input type="radio"/> John Doe				<input type="button" value="View NPI(s)"/>	<input type="button" value="View Other Name(s)"/>

If your employer information does not exist, please select "Add Employer Not in List". ←

STEPS

Select your employer from the search results. If your provider is not listed, click **Add Employer Not in List**.



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

Identity & Access Management System Help

Home My Profile My Connections

My Profile ► Add Employer Search [◀ Back to Previous Page](#)

Search for Organizations or Individual Providers to be associated to by entering either Organization Name (with City/State or ZIP); or Last Name (for Individual Provider); or NPI (for Individual Provider or Organization).

Organization Name: NPI: Search

First Name: Last Name:

City: State: SE - Select One ZIP:

Search Results

Name	Doing Business As	NPI	Address	View NPI	View Other Name
John Doe				View NPI(s)	View Other Name(s)

Important Note: If you are not the Authorized Official or Delegated Official for your employer, please stop the user registration process, and contact your employer's Authorized Official or Delegated Official as they must initiate your registration.

* Identify the Contact E-mail Address for this Employer:
 Use My Primary E-mail Address OR Enter Employer E-mail Address: Confirm E-mail Address:
 Validate Employer E-mail Address

* Please select the role you are requesting for this employer:
- Select One -
Authorized Official (signatory for your organization authorized to legally bind the organization in agreements)
Delegated Official (managing users, updating account information for you provider/organization)

If your employer information does not exist, please select "Add Employer Not in List". [Add Employer Not in List](#)

Submit | [Cancel](#)

STEPS

Select **Delegated Official** as the role you are requesting for the provider.



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

Home
My Profile
My Connections
My Staff

My Profile ▶ Add Employer ▶ Confirmation and Review
[◀ Back to Previous Page](#)

[Print this page](#)

You are requesting to be a(n) Delegated Official:

- You MUST complete Option A or Option B below before your registration to act on behalf of the Organization below will take effect in PECOS or EHR Incentive Program.
- OPTION A:**
Print, Sign and Submit to CMS the [Delegated Official Certification](#) for this request, along with the CP 575 [\[or approved alternate\]](#) issued by the IRS for the Organization for which you are requesting to be a Delegated Official.
- OPTION B:**
Please have an existing Authorized Official for this Organization approve your request by logging in to this system.

Contact Information

External User Services (EUS)
PO Box 792750
San Antonio, Texas 78279
Phone: 1-866-484-8049
TTY: 1-866-523-4759
EUSsupport@cql.com

The employer you have registered for is:

Legal Business Name: _____

EIN: _____

Mailing Address: _____

Phone Number: _____

Request Tracking ID: _____

NPI(s) associated with your employer are:

NPI	Legal Business Name	Location
XXXXXXXXXX		

Done ▶

STEPS

Once you have added your employer, verify the information in your profile is correct.

As the Delegated Official, you will need to complete Option A or have the Authorized Official confirm your request to be the Delegated Official, Option B.

When you are finished, click **Done**.



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

CMS Centers for Medicare & Medicaid Services Logged Sign Out

Identity & Access Management System Help

Home **My Profile** **My Connections** **My Staff**

My Profile

My Information

To protect your information we are using an external authentication service provider, Experian, to help us verify your identity. We do not store the questions or your answers used in this process. At this time this verification is optional, but it will become required in the future. Would you like to confirm your identity now? Confirm My Identity Now

Name: **Home Address:**

Date of Birth:

SSN:

Business Phone Number: **Personal Phone Number:**

Fax Number: Modify My Information

Primary E-mail Address: nichole.davick@cms.hhs.gov Modify Primary E-mail

Password
Your Password will expire in **60 day(s)**. [Change Password](#)

Security
[Change Security Questions & Answers »](#)

Employer Information

Employer	My Role with this Employer	My Status with this Employer	PECOS	EHR	NPPES (Future)

If you wish to add an employer, click "Add an Employer". Add an Employer

STEPS

Once you have successfully added your employer, you will see the status of your request in your Profile tab.



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

The screenshot shows the CMS Identity & Access Management System interface. At the top, there is a navigation bar with the CMS logo, 'Centers for Medicare & Medicaid Services', 'Logged', and 'Sign Out'. Below the navigation bar is the 'Identity & Access Management System' header with a 'Help' link. The main content area has a navigation menu with 'Home', 'My Profile', 'My Connections', and 'My Staff'. The 'Home' tab is selected, showing 'My Pending Connections'. A yellow box highlights 'Total Pending Providers: 1' and a list of pending requests. A red arrow points to the 'Approve' button. On the right, there is a 'News & Alerts' section with 'EUS Contact Information' and a 'Quick Actions' section with buttons for 'Add Connection', 'Add Staff', and 'Add Employer'.

STEPS

When your employer logs in to the Identity & Access Management System and reviews their Home tab, they will see any pending requests to connect.

There they can click **Approve** or **Reject**, or quickly add a connection, staff member, or other employer.



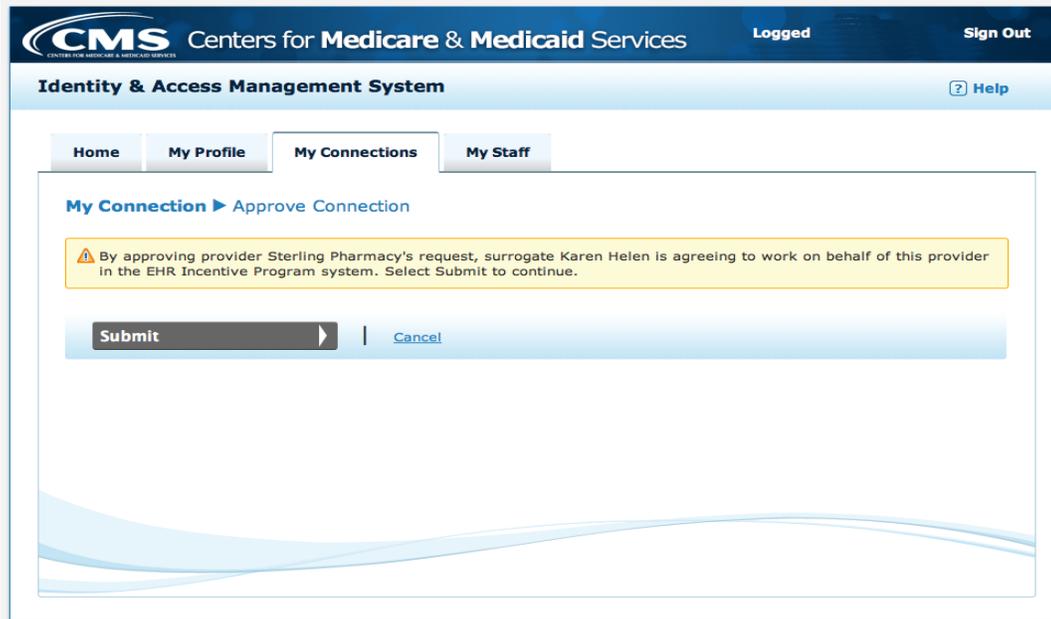
TIPS

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



STEPS

When your employer approves a connection, they will see a confirmation screen and will need to click **Submit**.



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

Home
My Profile
My Connections
My Staff

My Connection ▶ Connection Detail [◀ Back to Previous Page](#)

Provider Details

Name:
[View Other Name\(s\)](#)

Doing Business As (DBA):

Business Mailing Address:

City:

State:

ZIP Code:

E-mail Address:

Phone:

NPI:

Business Functions Details

Business Function	Requested Date	Access Status	Tracking ID	Available Actions
EHR Incentive Program	09/04/2013	Approved	S67827	Disable

NPI(s) Associated with this Provider:

Provider Name	Doing Business As	NPI	Business Mailing Address

Notes

Date	Account Activity	Note

STEPS

.....

In the My Connections tab you can view the details and status of each of your connections.

Once your account is connected with the eligible professional or organization you are working with, you will be able to begin the registration and attestation process.



TIPS

Click on Help for additional guidance to navigate the system

The Help link is on every page

Step 3 – Welcome

If your login was successful you will receive the “Welcome Screen”.

Medicare & Medicaid EHR Incentive Program
Registration and Attestation System

My Account | Log Out | Help

Welcome

Home | Registration | Attestation | Status

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

Last Successful Login: | Unsuccessful Login Attempts: 0

Welcome Program, your first step is to register for the EHR Incentive Program.

For Medicare EHR incentive program participants, you will need to demonstrate meaningful use of certified EHR technology.

For Medicaid EHR incentive program participants, you will need to demonstrate adoption, implementation, upgrading, or meaningful use of certified EHR technology in your first year and demonstrate meaningful use for the remaining years in the program. Attestation for Medicaid occurs through your State Medicaid Agency.

Instructions
Select any topic to continue.

Registration

- Register in the Incentive Payment Program
- Continue Incomplete Registration
- Modify Existing Registration
- Resubmit a Registration that was previously deemed ineligible
- Reactivate a Registration
- Switch Incentive Programs (Medicare/Medicaid)
- Switch Medicaid State
- Cancel participation in the Incentive Program

Attestation

Medicare

- Attest for the Incentive Program
- Continue Incomplete Attestation
- Modify Existing Attestation
- Discontinue Attestation
- Resubmit Failed or Re
- Reactivate Canceled A

Note: Attestation for the M Agency.

Status

- View current status of Incentive Program

Web Policies & Important Li
CMS.gov

Status Selection

Status Summary

You have successfully navigated to the Status Summary page.

The following table outlines a list of all registrations in an approved status. Please click the Select button to navigate to the Status Information page, to review all current and historical information related to your registration.

Name	Tax Identifier	National Provider Identifier (NPI)	Incentive Type	Current Status	Action
			Medicare	You need to complete your registration for the EHR Incentive Program.	Select

STEPS

After you login, the system will alert you of your next step in the registration and attestation process, such as when your registration needs to be completed, or that it is time to begin attestation.

The Status tab will also display your next step in the process, like shown below.

Click on the **Attestation** tab to continue registering for the EHR Incentive Program.



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

Step 3 – Welcome

If your login was successful you will receive the “Welcome Screen”.

Registration and Attestation System

Welcome

Home | Registration | **Attestation** | Status

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

Last Successful Login: 05/07/2013 | Unsuccessful Login Attempts: 0

Welcome , there are multiple records associated to your user profile. To view a list of current statuses of your records, please select the Status tab.

For Medicare EHR incentive program participants, you will need to demonstrate meaningful use of certified EHR technology.

For Medicaid EHR incentive program participants, you will need to demonstrate adoption, implementation, upgrading, or meaningful use of certified EHR technology in your first year and demonstrate meaningful use for the remaining years in the program. Attestation for Medicaid occurs through your State Medicaid Agency.

Instructions

Select any topic to continue.

Registration

- Register in the Incentive Payment Program
- Continue Incomplete Registration
- Modify Existing Registration

Medicare Attestation Selection

Identify the desired Medicare attestation and select the Action you would like to perform. Please note that only one Action can be performed at a time on this page.

Filter Selection

To filter the records being displayed, please use the following:

Select a Category to Filter by:

Enter 6-10 Character CCN:

Displaying records 1 - 3 of 3 found

Name	Tax Identifier	CMS Certification Number (CCN)	Medicare Attestation Status	Program Year	Payment Year	Action
JOHN DOE	XX-XXXXXXX	XXXXXX				Not Available
JOHN DOE	XX-XXXXXXX	XXXXXX	Locked For Payment	2013	2	<input type="button" value="View"/>
JOHN DOE	XX-XXXXXXX	XXXXXX	Payment Issued	2012	1	<input type="button" value="View"/>

STEPS

Select the appropriate program year that you are attesting for. For multiple records you may filter the records by NPI.

The **Attestation** tab will provide you the status of each provider for which you are attesting



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

Step 4 – Attestation Instructions

Follow the registration instructions below.

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

My Account | Log Out | Help

Welcome Your Name

Home | Registration | **Attestation** | Status

Attestation

Medicare Attestation Instructions

Welcome to the Medicare Attestation Page. Medicare providers must attest using this system. Attestation for the Medicaid incentive program occurs at the State Medicaid Agency. If you want to change your incentive program designation, select the Registration tab.

For information on the meaningful use requirements for attestation, please visit the [Meaningful Use Information page](#).

Depending on the current status of your Medicare attestation, please select one of the following actions:

- Attest** Begin Medicare attestation to meaningful use of EHR technology
- Modify** Modify a previously started Medicare attestation that has not yet been submitted
- Cancel** Inactivate a Medicare attestation prior to receiving an EHR incentive payment
- Resubmit** Resubmit a failed or rejected Medicare attestation
- Reactivate** Reactivate a canceled Medicare attestation
- View** Review the Medicare attestation summary of measures after submission
- Not Available** In order to begin, modify, cancel, resubmit, or reactivate a Medicare Attestation record, the EHR Incentive Program Registration associated to the Medicare Attestation record must have a Medicare Registration Status of "Active". Please verify that the registration is in the correct status.

Medicare Attestation Selection

Identify the desired Medicare attestation and select the Action you would like to perform. Please note that only one Action can be performed at a time on this page.

Name	Tax Identifier	National Provider Identifier (NPI)	Medicare Attestation Status	Program Year	Payment Year	Action
John Doe						Attest

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.

STEPS

Click on

Topic 1- “Attestation Information” to begin the attestation process



TIPS

TOPICS PROGRESS

There are six topics that are required for attestation

1

2

3

4

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6

*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

Medicare & Medicaid EHR Incentive Program
Registration and Attestation System

My Account | Log Out | Help

Welcome Your Name

Home | Registration | **Attestation** | Status

Attestation Information

(*) Red asterisk indicates a required field.

Name: Your Name
TIN:

Your Name
Tax Identifier:
NPI:
Program Year:

Please provide your EHR Certification Number:
*EHR Certification Number: [How do I find my EHR Certification Number?](#)

Note: If an EHR Certification Number is displayed, please verify that it is accurate.

Please provide the EHR reporting period associated with this attestation:
The date is dynamic for the first year but needs to be at least a 90 day period. This does not apply for subsequent years.

*EHR Reporting Period Start Date (mm/dd/yyyy):
*EHR Reporting Period End Date (mm/dd/yyyy):

Please select the **Previous** button to go back a page. Please select the **Save & Continue** button to save your entry and proceed.

Previous | **Save & Continue**

Web Policies & Important Links
CMS.gov | Accessibility

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 for first time attesters. To attest for the Medicare EHR Incentive Program in 2014, you will have to have met meaningful use for a full quarter of the calendar 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

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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

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

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Step 8 – Meaningful Use Core Measures Questionnaire (2 of 15)

Medicare & Medicaid EHR Incentive Program
Registration and Attestation System

My Account | Log Out | Help
Welcome John Doe

Home | Registration | **Attestation** | Status

Meaningful Use Core Measures

Questionnaire: (2 of 15)

(*) Red asterisk indicates a required field.

Objective: Implement drug-drug and drug-allergy interaction checks
Measure: The EP has enabled this functionality for the entire EHR reporting period.
Complete the following information:
*Have you enabled the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period?

Yes No

John Doe
Tax Identifier: XXX-XX- XXX (SSN)
NPI:
Program Year: 2014

For additional information: [EHR Incentive Program Educational Resources](#)

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.

Previous | Return to Attestation Progress | **Save & Continue**

Web Policies & Important Links | Department of Health & Human Services
CMS.gov | Accessibility | File Formats and Plugins

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)

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

My Account | Log Out | Help
Welcome John Doe

Home | Registration | **Attestation** | Status

Meaningful Use Core Measures

Questionnaire: (3 of 15)

(*) Red asterisk indicates a required field.

Objective: Maintain an up-to-date problem list of current and active diagnoses.
Measure: More than 80% of all unique patients seen by the EP have at least one entry or an indication that no problems are known for the patient recorded as structured data.

Complete the following information:

Numerator Number of patients in the denominator who have at least one entry or an indication that no problems are known for the patient recorded as structured data in their problem list.
Denominator Number of unique patients seen by the EP during the EHR reporting period.

*Numerator: *Denominator:

For additional information: [EHR Incentive Program Educational Resources](#)

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.

Previous | Return to Attestation Progress | **Save & Continue**

Web Policies & Important Links | Department of Health & Human Services
CMS.gov | Accessibility | File Formats and Plugins

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

Step 10 – Meaningful Use Core Measures Questionnaire (4 of 15)

Medicare & Medicaid EHR Incentive Program
Registration and Attestation System

My Account | Log Out | Help
Welcome John Doe

Home | Registration | **Attestation** | Status

Meaningful Use Core Measures

Questionnaire: (4 of 15)

(*) Red asterisk indicates a required field.

John Doe
Tax Identifier: XXX-XX- XXXX (SSN)
NPI:
Program Year: 2014

Objective: Generate and transmit permissible prescriptions electronically (eRx).
Measure: More than 40% of all permissible prescriptions written by the EP are transmitted electronically using certified EHR technology.

EXCLUSION 1 - Based on ALL patient records: Any EP who writes fewer than 100 permissible prescriptions during the EHR reporting period would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.
***Does exclusion 1 apply to you?**
 Yes No

EXCLUSION 2 - Based on ALL patient records: Any EP who does not have a pharmacy within their organization and there are no pharmacies that accept electronic prescriptions within 10 miles of the EPs practice location at the start of his/her EHR reporting period would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.
***Does exclusion 2 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.
 This data was extracted only from patient records maintained using certified EHR technology.

Complete the following information:
Numerator: Number of prescriptions in the denominator generated and transmitted electronically.
Denominator: Number of prescriptions written for drugs requiring a prescription in order to be dispensed other than controlled substances during the EHR reporting period.

*Numerator: *Denominator:

For additional information: [EHR Incentive Program Educational Resources](#)

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.

[Previous](#) [Return to Attestation Progress](#) **[Save & Continue](#)**

Web Policies & Important Links | Department of Health & Human Services
CMS.gov | Accessibility | File Formats and Plugins

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)

The screenshot shows the Medicare & Medicaid EHR Incentive Program Registration and Attestation System. The user is logged in as John Doe. The 'Attestation' tab is active, and the 'Meaningful Use Core Measures' section is displayed. The questionnaire is for 'John Doe' and is the 5th of 15 questions. The objective is to maintain an active medication list. The measure requires that more than 80% of unique patients seen by the EP have at least one entry (or an indication that the patient is not currently prescribed any medication) recorded as structured data. The user has entered '1' for both the Numerator and Denominator. The 'Save & Continue' button is circled in red. The CMS logo is visible in the bottom right corner.

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

4

5

6

Step 12 – Meaningful Use Core Measures Questionnaire (6 of 15)

My Account | Log Out | Help
Welcome John Doe

Home Registration **Attestation** Status

Meaningful Use Core Measures

Questionnaire: (6 of 15)

(*) Red asterisk indicates a required field.

John Doe
Tax Identifier: XXX-XX- XXXX (SSN)
NPI:
Program Year: 2014

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

Complete the following information:

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

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

*Numerator: *Denominator:

For additional information: [EHR Incentive Program Educational Resources](#)

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.

[Previous](#) [Return to Attestation Progress](#) **[Save & Continue](#)**

STEPS

Enter Numerator and Denominator and click **Save & Continue**

Step 13 – Meaningful Use Core Measures Questionnaire (7 of 15)

My Account | Log Out | Help
Welcome John Doe

Home Registration Attestation Status

Meaningful Use Core Measures

Questionnaire: (7 of 15)

(*) Red asterisk indicates a required field.

John Doe
Tax Identifier: XXX-XX- XXXX (SSN)
NPI:
Program Year: 2014

Objective: Record all of the following demographics:
Preferred language
Gender
Race
Ethnicity
Date of birth

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

Complete the following information:

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

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

*Numerator: *Denominator:

For additional information: [EHR Incentive Program Educational Resources](#)

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.

[Previous](#) [Return to Attestation Progress](#) **[Save & Continue](#)**

STEPS

Enter Numerator and Denominator and click **Save & Continue**

TOPICS PROGRESS

This is the second of six topics required for attestation



Step 14 – Meaningful Use Core Measures Questionnaire (8 of 15)

Home
Registration
Attestation
Status

Meaningful Use Core Measures

Questionnaire: (8 of 15)

(*) Red asterisk indicates a required field.

Objective: Record and chart changes in vital signs:
Height
Weight
Blood pressure
Calculate and display body mass index (BMI)
Plot and display growth charts for patients 0-20 years, including BMI.

Measure: More than 50% of all unique patients seen by the EP blood pressure (for patients 3 and over only) and height and weight (for all ages) are recorded as structured data.

EXCLUSION 1 - Based on ALL patient records: An EP who believes that all three vital signs of height, weight and blood pressure have no relevance to their scope of practice would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.
***Does exclusion 1 apply to you?**
 Yes No ←

EXCLUSION 2 - Based on ALL patient records: An EP who believes height and weight are not relevant to their scope of practice would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.
***Does exclusion 2 apply to you?**
 Yes No ←

EXCLUSION 3 - Based on ALL patient records: An EP who believes blood pressure is not relevant to their scope of practice would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.
***Does exclusion 3 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.
 This data was extracted only from patient records maintained using certified EHR technology.

Complete the following information:

Numerator Number of patients in the denominator who have at least one entry of their height/length and weight (all ages) and/or blood pressure (ages 3 and over) recorded as structured data.

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

***Numerator:** ***Denominator:** ←

For additional information: [EHR Incentive Program Educational Resources](#)

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.

← Previous
Return to Attestation Progress
Save & Continue →

John Doe
Tax Identifier: XXX-XX- XXX (SSN)
NPI:
Program Year: 2014



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

TOPICS PROGRESS

This is the second of six topics required for attestation

Numerator and Denominator must be whole numbers



You may select the Previous button to go back

1

2

3

4

5

6

Step 15 – Meaningful Use Core Measures Questionnaire (9 of 15)

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

My Account | Log Out | Help

Welcome John Doe

Home | Registration | **Attestation** | Status

Meaningful Use Core Measures

Questionnaire: (9 of 15)

(* Red asterisk indicates a required field.)

John Doe
Tax Identifier: XXX-XX- XXXX (SSN)
NPI:
Program Year: 2014

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

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

***Does this exclusion apply to you?**

Yes No

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

Complete the following information:

Numerator Number of patients in the denominator with smoking status recorded as structured data.
Denominator Number of unique patients age 13 or older seen by the EP during the EHR reporting period.

*Numerator: 1 *Denominator: 1

For additional information: [EHR Incentive Program Educational Resources](#)

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.

Previous | Return to Attestation Progress | **Save & Continue**

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

Medicare Attestation Selection

Identify the desired Medicare attestation and select the Action you would like to perform. Please note that only one Action can be performed at a time on this page.

Name	Tax Identifier	National Provider Identifier (NPI)	Medicare Attestation Status	Program Year	Payment Year	Action
Your Name						Modify



TIPS

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

.....
CQM reporting has been removed as a core measure

Click **Save & Continue**

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

STEPS

.....
Select Yes or No

Click **Save & Continue**



TIPS

Core measure 11 must be reported and there are no exclusions to reporting the measure.

TOPICS PROGRESS

This is the second of six topics required for attestation



Step 18 –

Meaningful Use Core Measures Questionnaire (12 of 15)

Medicare & Medicaid EHR Incentive Program
Registration and Attestation System

My Account | Log Out | Help

Welcome John Doe

Home | Registration | **Attestation** | Status

Meaningful Use Core Measures

Questionnaire: (12 of 15)

(*) Red asterisk indicates a required field.

Objective: Provide patients the ability to view online, download, and transmit their health information within 4 business days of the information being available to the EP.

Measure: More than 50 percent of all unique patients seen by the EP during the EHR reporting period are provided timely (available to the patient within 4 business days after the information is available to the EP) online access to their health information subject to the EP's discretion to withhold certain information.

EXCLUSION - Based on ALL patient records: Any EP who neither orders nor creates any of the information listed for inclusion as part of this measure is excluded from the measure. 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.

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

Complete the following information:

Numerator: The number of all unique patients included in the denominator seen by the EP during the EHR reporting period that are provided timely (available to the patient within 4 business days after the information is available to the EP) online access to their health information subject to the EPs discretion to withhold certain information.

Denominator: The number of unique patients seen by the EP during the EHR reporting period.

*Numerator: *Denominator:

For additional information: [EHR Incentive Program Educational Resources](#)

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.

Previous | Return to Attestation Progress | **Save & Continue**

Web Policies & Important Links | Department of Health & Human Services

CMS.gov | Accessibility | File Formats and Plugins

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

TOPICS PROGRESS

This is the second of six topics required for attestation

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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**

Medicare & Medicaid EHR Incentive Program
Registration and Attestation System

My Account | Log Out | Help

Welcome John Doe

Home | Registration | **Attestation** | Status

Meaningful Use Core Measures

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

Complete the following information:

Numerator: Number of office visits in the 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: *Denominator:

For additional information: [EHR Incentive Program Educational Resources](#)

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.

[Previous](#) | [Return to Attestation Progress](#) | [Save & Continue](#)

Web Policies & Important Links | Department of Health & Human Services

CMS.gov | Accessibility | File Formats and Plugins

CMS
CENTER FOR MEDICARE & MEDICAID SERVICES

TOPICS PROGRESS

This is the second of six topics required for attestation

1

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Step 20 – Meaningful Use Core Measures Questionnaire (14 of 15)

STEPS

Electronic exchange of key clinical information has been removed as a core measure.

Click **Continue**

Step 21 – Meaningful Use Core Measures Questionnaire (15 of 15)

STEPS

Select Yes or No.

Click **Save & Continue**



TIPS

Core measure 15 must be reported and there are no exclusions to reporting the measure.

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

QUESTIONNAIRE

Home
Registration
Attestation
Status

Meaningful Use Menu Measures

Instructions

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

Objective	Measure	Select
Capability to submit electronic data to immunization registries or immunization information systems and actual submission except where prohibited and according to applicable law and practice.	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).	<input checked="" type="checkbox"/>
Capability to submit electronic syndromic surveillance data to public health agencies and actual submission except where prohibited and according to applicable law and practice.	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).	<input type="checkbox"/>

You must submit additional menu measure objectives until a total of five Meaningful Use Menu Measure Objectives have been selected, even if an Exclusion applies to all of the menu measure objectives that are selected (total of five includes the public health menu measure objectives):

Objective	Measure	Select
Implement drug formulary checks	The EP has enabled this functionality and has access to at least one internal or external drug formulary for the entire EHR reporting period.	<input checked="" type="checkbox"/>
Incorporate clinical lab-test results into EHR as structured data.	More than 40% of all clinical lab tests results ordered by the EP during the EHR reporting period whose results are in either in a positive/negative or numerical format are incorporated in certified EHR technology as structured data.	<input checked="" type="checkbox"/>
Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research or outreach.	Generate at least one report listing patients of the EP with a specific condition.	<input checked="" type="checkbox"/>
Send reminders to patients per patient preference for preventive/follow up care.	More than 20% of all unique patients 65 years or older or 5 years old or younger were sent an appropriate reminder during	<input type="checkbox"/>

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←

←

←

←

Please select the **Previous** button to go back or the previous topic **Save & Continue** button 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.

← Previous
Return to Attestation Progress
Save & Continue →

STEPS

Read the instructions and select **five (5)** measures from the Meaningful Use Menu Measures by clicking on the box immediately following the measure

Select at least one Public Health Measure

Click **Save & Continue**



TIPS

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

The Attestation module will only show you the 5 you selected

TOPICS PROGRESS

This is the third of six topics required for attestation



Step 23 – Review of the nine Meaningful Use Measures

Meaningful Use Public Health Measure (1 of 9)

Home
Registration
Attestation
Status

Meaningful Use Menu Measures

Questionnaire: (1 of 9)

(*) Red asterisk indicates a required field.

Objective: Capability to submit electronic data to immunization registries or immunization information systems and actual submission except where prohibited and according to applicable law and practice.

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

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

***Does exclusion 1 apply to you?**

Yes No

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

***Does exclusion 2 apply to you?**

Yes No

Complete the following information:

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

Yes No

For additional information: [EHR Incentive Program Educational Resources](#)

Please select the **Previous** button to go back or the **Save & Continue** button 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.

◀ Previous
Return to Attestation Progress
Save & Continue ▶

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MEASURES

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 nine measures, the Attestation module will only show you the **five** 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 nine Meaningful Use Measures (cont.)

Menu Measure Objectives (2 of 9)

Home
Registration
Attestation
Status

Meaningful Use Menu Measures

Questionnaire: (2 of 9)

(*) Red asterisk indicates a required field.

Objective: Capability to submit electronic syndromic surveillance data to public health agencies and actual submission except where prohibited and according to applicable law and practice.

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

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

***Does exclusion 1 apply to you?**

Yes No

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

***Does exclusion 2 apply to you?**

Yes No

Complete the following information:

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

Yes No

For additional information: [EHR Incentive Program Educational Resources](#)

Please select the **Previous** button to go back or the **Save & Continue** button 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.

← Previous
Return to Attestation Progress
Save & Continue →

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MEASURES

.....
 Select your answers.
 Click **Save & Continue**



TIPS

TOPICS PROGRESS

This is the third of six topics required for attestation

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

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

1	2	3	4	5
---	---	---	---	---

Step 23 – Review of the nine Meaningful Use Measures (cont.)

Menu Measure Objectives (3 of 9)

Home Registration **Attestation** Status

Meaningful Use Menu Measures

Questionnaire: (3 of 9)

(*) Red asterisk indicates a required field.

Objective: Implement drug formulary checks

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

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

***Does this exclusion apply to you?**

Yes No

Complete the following information:

***Have you enabled the drug formulary check functionality and did you have access to at least one internal or external drug formulary for the entire EHR reporting period?**

Yes No

For additional information: [EHR Incentive Program Educational Resources](#)

Please select the **Previous** button to go back or the **Save & Continue** button 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.

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MEASURES

Complete the questions for the 5 measures you selected

Click **Save & Continue**



TIPS

TOPICS PROGRESS

This is the third of six topics required for attestation

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

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



Step 23 – Review of the nine Meaningful Use Measures (cont.)

Menu Measure Objectives (4 of 9)

Home
Registration
Attestation
Status

Meaningful Use Menu Measures

Questionnaire: (4 of 9)

(*) Red asterisk indicates a required field.

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

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

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

***Does this exclusion apply to you?**

Yes No

You have indicated that you have ordered lab tests with results in either a positive/negative or numeric format during the EHR reporting period. Complete the following information:

Numerator Number of lab test results whose results are expressed in a positive or negative affirmation or as a number which are incorporated as structured data.

Denominator Number of lab tests ordered during the EHR reporting period by the EP whose results are expressed in a positive or negative affirmation or as a number.

*Numerator: 1

*Denominator: 1

For additional information: [EHR Incentive Program Educational Resources](#)

Please select the **Previous** button to go back or the **Save & Continue** button 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.

◀ Previous
Return to Attestation Progress
Save & Continue ▶

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MEASURES

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



TIPS

This is the third of six topics required for attestation

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

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

- 1
- 2
- 3
- 4
- 5
- 6

Step 23 – Review of the nine Meaningful Use Measures (cont.)

Menu Measure Objectives (5 of 9)

The screenshot shows a web application interface for the 'Meaningful Use Menu Measures' questionnaire. At the top, there are navigation tabs for 'Home', 'Registration', 'Attestation' (which is active), and 'Status'. Below the tabs is a green header with the text 'Meaningful Use Menu Measures'. The main content area is titled 'Questionnaire: (5 of 9)' and includes a note: '(*) Red asterisk indicates a required field.' The questionnaire content includes:

- Objective:** Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research or outreach.
- Measure:** Generate at least one report listing patients of the EP with a specific condition.
- *PATIENT RECORDS:** Please select whether 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.
 - This data was extracted only from patient records maintained using certified EHR technology.
- Complete the following information:**
 - *Have you generated at least one report listing your patients with a specific condition?
 - Yes
 - No

 At the bottom of the questionnaire, there are three buttons: 'Previous', 'Return to Attestation Progress', and 'Save & Continue'. To the right of the questionnaire, a yellow box displays user information: 'John Doe', 'Tax Identifier: XXX-XX- XXXX (SSN)', 'NPI:', and 'Program Year: 2014'. Below the questionnaire, there is a footer with links for 'Web Policies & Important Links', 'Department of Health & Human Services', and 'CMS' logo.

MEASURES

.....
Complete the questions for the 5 measures you selected

Click **Save & Continue**



TIPS

TOPICS PROGRESS

This is the third of six topics required for attestation

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

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



Step 23 – Review of the nine Meaningful Use Measures (cont.)

Menu Measure Objectives (6 of 9)

Home
Registration
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Meaningful Use Menu Measures

Questionnaire: (6 of 9)

(*) Red asterisk indicates a required field.

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

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

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

***Does this exclusion apply to you?**

Yes No

***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.

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

Complete the following information:

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

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

***Numerator:** ***Denominator:**

For additional information: [EHR Incentive Program Educational Resources](#)

Please select the **Previous** button to go back or the **Save & Continue** button 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.

◀ Previous
Return to Attestation Progress
Save & Continue ▶

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MEASURES

Complete the questions for the 5 measures you selected

Click **Save & Continue**



TIPS

TOPICS PROGRESS

This is the third of six topics required for attestation

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

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

- 1
- 2
- 3
- 4
- 5
- 6

Step 23 – Review of the nine Meaningful Use Measures (cont.)

Menu Measure Objective (7 of 9)

Home Registration **Attestation** Status

Meaningful Use Menu Measures

Questionnaire: (7 of 9)

(*) Red asterisk indicates a required field.

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

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

Complete the following information:

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

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

*Numerator: *Denominator:

For additional information: [EHR Incentive Program Educational Resources](#)

Please select the **Previous** button to go back or the **Save & Continue** button 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.

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MEASURES

Complete the questions for the 5 measures you selected

Click **Save & Continue**



TIPS

TOPICS PROGRESS

This is the third of six topics required for attestation

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

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



Step 23 – Review of the nine Meaningful Use Measures (cont.)

Menu Measure Objectives (8 of 9)

Home
Registration
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Meaningful Use Menu Measures

Questionnaire: (8 of 9)

(*) Red asterisk indicates a required field.

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

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

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

***Does this exclusion apply to you?**

Yes
 No

***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.

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

Complete the following information:

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

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

*Numerator: *Denominator:

For additional information: [EHR Incentive Program Educational Resources](#)

Please select the **Previous** button to go back or the **Save & Continue** button 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.



◀ Previous
Return to Attestation Progress
Save & Continue ▶

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MEASURES

Complete the questions for the 5 measures you selected

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

Click **Save & Continue**



TIP

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



Step 23 – Review of the nine Meaningful Use Measures (cont.)

Menu Measure Objectives (9 of 9)

Home
Registration
Attestation
Status

Meaningful Use Menu Measures

Questionnaire: (9 of 9)

(*) Red asterisk indicates a required field.

Objective: 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.

Measure: 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.

EXCLUSION - Based on ALL patient records: An EP who does not transfer a patient to another setting or refer a patient to another provider 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.

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

Complete the following information:

Numerator Number of transitions of care and referrals in the denominator where a summary of care record was provided.

Denominator Number of transitions of care and referrals during the EHR reporting period for which the EP was the transferring or referring provider.

***Numerator:** ***Denominator:**

For additional information: [EHR Incentive Program Educational Resources](#)

Please select the **Previous** button to go back or the **Save & Continue** button 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.

◀ Previous
Return to Attestation Progress
Save & Continue ▶

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MEASURES

Complete the questions for the 5 measures you selected

Click **Save & Continue**



TIPS

TOPICS PROGRESS

This is the third of six topics required for attestation

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

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

- 1
- 2
- 3
- 4
- 5
- 6

Step 24 – Clinical Quality Measures (CQM)

STEPS

Select a minimum of 9 Clinical Quality Measures from the list. Your selection must include at least 3 of the 6 HHS National Quality Strategy domains.

Click **Save & Continue**

Patient and Family Engagement			
ID Number	Versions	Title	Selection
CMS157/ NQF0384	CMS157v1/ CMS157v2	Oncology: Medical and Radiation - Pain Intensity Quantified	<input checked="" type="checkbox"/>

Patient Safety			
ID Number	Versions	Title	Selection
CMS156/ NQF0022	CMS156v1/ CMS156v2	Use of High-Risk Medications in the Elderly (Recommended - Adult)	<input checked="" type="checkbox"/>

Care Coordination			
ID Number	Versions	Title	Selection
CMS50	CMS50v1/ CMS50v2	Closing the referral loop: receipt of specialist report (Recommended - Adult)	<input checked="" type="checkbox"/>

Population/Public Health			
ID Number	Versions	Title	Selection
CMS155/ NQF0024	CMS155v1/ CMS155v2	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	<input checked="" type="checkbox"/>

Efficient Use of Healthcare Resources			
ID Number	Versions	Title	Selection
CMS166/ NQF0052	CMS166v2/ CMS166v3	Use of Imaging Studies for Low Back Pain (Recommended - Adult)	<input checked="" type="checkbox"/>

Clinical Process/Effectiveness			
ID Number	Versions	Title	Selection
CMS137/ NQF0004	CMS137v1/ CMS137v2	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	<input checked="" type="checkbox"/>



TIP

TOPICS PROGRESS

This is the third of six topics required for attestation

1	2	3	4	5	6
---	---	---	---	---	---

Step 24 – Clinical Quality Measures (CQMs 1 of 9)

Each EP must report on nine CQMs. Zero is an acceptable denominator provided that this value was produced by certified EHR technology.

You will be reporting on a minimum of 9 CQMs or a maximum of 64 CQMs.

STEPS

Enter Clinical Quality Measure 1 of 9

Enter Denominator, Numerator, and Performance Rate.

Performance Rate =
(Numerator) / (Denominator –
[Denominator Exclusion + Denominator Exception])

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

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Clinical Quality Measures

Questionnaire: (1 of 9)

(*) Red asterisk indicates a required field.

Measure: CMS157/NQF0384

Versions: CMS157v1/CMS157v2

Title: Oncology: Medical and Radiation - Pain Intensity Quantified

Description: Percentage of patient visits, regardless of patient age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy in which pain intensity is quantified.

Denominator: All patient visits, regardless of patient age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy.

Numerator: Patient visits in which pain intensity is quantified.

Complete the following information:

*Denominator:	*Numerator:	*Performance Rate:
1	1	100 %

For CQM field descriptions: [Help](#)

For additional information: [Clinical Quality Measure Page](#)

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.

Navigation: [Previous](#) | [Return to Attestation Progress](#) | **[Save & Continue](#)**

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TIPS

TOPICS PROGRESS

This is the fourth of six topics required for attestation

Numerator and Denominator must be whole numbers

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

The Performance Rate field will be used to determine consistency of calculation across providers using the formula given in conjunction with each CQM's electronic specifications. Please consult with your EHR vendor if the percentage for the performance rate is not included in the report generated from your EHR.

1

2

3

4

5

Step 24 – Clinical Quality Measures (CQMs 2 of 9)



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Clinical Quality Measures

Questionnaire: (2 of 9)

(* Red asterisk indicates a required field.)

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Tax Identifier: XXX-XX-XXXX (SSN)
NPI:
Program Year: 2014

Measure: CMS156/NQF0022

Versions: CMS156v1/CMS156v2

Title: Use of High-Risk Medications in the Elderly

Description: Percentage of patients 66 years of age and older who were ordered high-risk medications. Two rates are reported.
a. Percentage of patients who were ordered at least one high-risk medication
b. Percentage of patients who were ordered at least two different high-risk medications

Denominator: Patients 66 years and older who had a visit during the measurement period.

Numerator 1: Patients with an order for at least one high-risk medication during the measurement period.

Numerator 2: Patients with an order for at least two different high-risk medications during the measurement period.

Complete the following information:

***Denominator 1:** ***Numerator 1:** ***Performance Rate 1:**

%

***Denominator 2:** ***Numerator 2:** ***Performance Rate 2:**

%

For CQM field descriptions: [Help](#)

For additional information: [Clinical Quality Measure Page](#)

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.

[Previous](#)

[Return to Attestation Progress](#)

[Save & Continue](#)



STEPS

Enter Clinical Quality Measure 2 of 9

Enter Denominator, Numerator, and Performance Rate.

Performance Rate =
(Numerator) / (Denominator –
[Denominator Exclusion + Denominator Exception])

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



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 24 – Core Clinical Quality Measures (CQMs 3 of 9)

STEPS

Enter Clinical Quality Measure 3 of 9

Enter Denominator, Numerator, Performance Rate and Exclusion.

Performance Rate =
(Numerator) / (Denominator – [Denominator Exclusion + Denominator Exception])

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



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Registration and Attestation System

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Welcome John Doe

Home Registration **Attestation** Status

Clinical Quality Measures

Questionnaire: (3 of 9)

(* Red asterisk indicates a required field.)

John Doe
Tax Identifier: XXX-XX- XXXX (SSN)
NPI:
Program Year: 2014

Measure: CMS50

Versions: CMS50v1/CMS50v2

Title: Closing the referral loop: receipt of specialist report

Description: Percentage of patients with referrals, regardless of age, for which the referring provider receives a report from the provider to whom the patient was referred.

Denominator: Number of patients, regardless of age, who were referred by one provider to another provider, and who had a visit during the measurement period.

Numerator: Number of patients with a referral, for which the referring provider received a report from the provider to whom the patient was referred.

Complete the following information:

*Denominator: *Numerator: *Performance Rate:
1 1 100 %

For CQM field descriptions: [Help](#)

For additional information: [Clinical Quality Measure Page](#)

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.

Previous Return to Attestation Progress **Save & Continue**



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TIPS

Enter the number of exclusions after the performance rate.

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

1

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6

Step 24 – Clinical Quality Measures (CQMs 4 of 9)

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Clinical Quality Measures

Questionnaire: (4 of 9)

(*) Red asterisk indicates a required field.

Measure: CMS155/NQF0024

Versions: CMS155v1/CMS155v2

Title: Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents

Description: Percentage of patients 3-17 years of age who had an outpatient visit with a Primary Care Physician (PCP) or Obstetrician/Gynecologist (OB/GYN) and who had evidence of the following during the measurement period. Three rates are reported.
 - Percentage of patients with height, weight, and body mass index (BMI) percentile documentation
 - Percentage of patients with counseling for nutrition
 - Percentage of patients with counseling for physical activity

Denominator: Patients 3-17 years of age with at least one outpatient visit with a primary care physician (PCP) or an obstetrician/gynecologist (OB/GYN) during the measurement period.

Numerator 1: Patients who had a height, weight and body mass index (BMI) percentile recorded during the measurement period.

Numerator 2: Patients who had counseling for nutrition during the measurement period.

Numerator 3: Patients who had counseling for physical activity during the measurement period.

Complete the following information:

Stratum 1: Patients age 3-11

*Denominator 1:	*Numerator 1:	*Performance Rate 1:	*Exclusion 1:
<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="100"/> %	<input type="text" value="0"/>
*Denominator 2:	*Numerator 2:	*Performance Rate 2:	*Exclusion 2:
<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="100"/> %	<input type="text" value="0"/>
*Denominator 3:	*Numerator 3:	*Performance Rate 3:	*Exclusion 3:
<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="100"/> %	<input type="text" value="0"/>

Stratum 2: Patients age 12-17

*Denominator 1:	*Numerator 1:	*Performance Rate 1:	*Exclusion 1:
<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="100"/> %	<input type="text" value="0"/>
*Denominator 2:	*Numerator 2:	*Performance Rate 2:	*Exclusion 2:

John Doe

Tax Identifier: XXX-XX- XXXX (SSN)

NPI:

Program Year: 2014

STEPS

Select your CQMs
and Click **Save & Continue**

TOPICS PROGRESS

This is the fifth of six topics required for attestation

1	2	3	4	5	6
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Step 24 – Clinical Quality Measures (CQMs 5 of 9)



Medicare & Medicaid EHR Incentive Program
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Clinical Quality Measures

Questionnaire: (5 of 9)

(*) Red asterisk indicates a required field.

John Doe
Tax Identifier: XXX-XX- XXX (SSN)
NPI:
Program Year: 2014

Measure: CMS22

Versions: CMS22v1/CMS22v2

Title: Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented

Description: Percentage of patients aged 18 years and older seen during the reporting period who were screened for high blood pressure AND a recommended follow-up plan is documented based on the current blood pressure (BP) reading as indicated.

Denominator: Percentage of patients aged 18 years and older before the start of the measurement period.

Numerator: Patients who were screened for high blood pressure AND have a recommended follow-up plan is documented, as indicated if the blood pressure is pre-hypertensive or hypertensive.

Complete the following information:

*Denominator:	*Numerator:	*Performance Rate:	*Exclusion:	*Exception:
<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="100"/> %	<input type="text" value="0"/>	<input type="text" value="0"/>

For CQM field descriptions: [Help](#)

For additional information: [Clinical Quality Measure Page](#)

Please select the **Previous** button to go back or the **Save & Continue** button to save 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.

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Stratum 1: Patients age 3-11

*Denominator 1:	*Numerator 1:	*Performance Rate 1:	*Exclusion 1:
<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="100"/> %	<input type="text" value="0"/>

*Denominator 2:	*Numerator 2:	*Performance Rate 2:	*Exclusion 2:
<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="100"/> %	<input type="text" value="0"/>

*Denominator 3:	*Numerator 3:	*Performance Rate 3:	*Exclusion 3:
<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="100"/> %	<input type="text" value="0"/>

Stratum 2: Patients age 12-17

*Denominator 1:	*Numerator 1:	*Performance Rate 1:	*Exclusion 1:
<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="100"/> %	<input type="text" value="0"/>

*Denominator 2:	*Numerator 2:	*Performance Rate 2:	*Exclusion 2:
<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="100"/> %	<input type="text" value="0"/>

*Denominator 3:	*Numerator 3:	*Performance Rate 3:	*Exclusion 3:
<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="100"/> %	<input type="text" value="0"/>

Stratum 3: Total Score

*Denominator 1:	*Numerator 1:	*Performance Rate 1:	*Exclusion 1:
<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="100"/> %	<input type="text" value="0"/>

*Denominator 2:	*Numerator 2:	*Performance Rate 2:	*Exclusion 2:
<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="100"/> %	<input type="text" value="0"/>

STEPS

Enter Clinical Quality Measure 5 of 9. Enter Denominator, Numerator, and Performance Rate for each population criteria.

$$\text{Performance Rate} = \frac{\text{Numerator}}{\text{Denominator} - [\text{Denominator Exclusion} + \text{Denominator Exception}]}$$

Click **Save & Continue**



TIPS

All fields must be completed

TOPICS PROGRESS

This is the fifth of six topics required for attestation

1	2	3	4	5	6
---	---	---	---	---	---

Step 24 – Clinical Quality Measures (CQMs 6 of 9)



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Clinical Quality Measures

Questionnaire: (6 of 9)

(* Red asterisk indicates a required field.)

John Doe
Tax Identifier: XXX-XX- XXXX (SSN)
NPI:
Program Year: 2014

Measure: CMS166/NQF0052

Versions: CMS166v2/CMS166v3

Title: Use of Imaging Studies for Low Back Pain

Description: Percentage of patients 18-50 years of age with a diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis.

Denominator: Patients 18-50 years of age with a diagnosis of low back pain during an outpatient or emergency department visit.

Numerator: Patients without an imaging study conducted on the date of the outpatient or emergency department visit or in the 28 days following the outpatient or emergency department visit.

Complete the following information:

*Denominator:	*Numerator:	*Performance Rate:	*Exclusion:
<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="100"/> %	<input type="text" value="0"/>

For CQM field descriptions: [Help](#)

For additional information: [Clinical Quality Measure Page](#)

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.



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TIPS

TOPICS PROGRESS

This is the fifth of six topics required for attestation

All fields must be completed

1

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STEPS

Enter Clinical Quality Measure 6 of 9. Enter Denominator, Numerator, Performance Rate and Exclusion.

Performance Rate =
(Numerator) / (Denominator –
[Denominator Exclusion + Denominator Exception])

Click **Save & Continue**

Step 24 – Clinical Quality Measures (CQMs 7 of 9)



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Clinical Quality Measures

Questionnaire: (7 of 9)

(* Red asterisk indicates a required field.)

John Doe
Tax Identifier: XXX-XX-XXXX (SSN)
NPI:
Program Year: 2014

Measure: CMS137/NQF0004
Versions: CMS137v1/CMS137v2
Title: Initiation and Engagement of Alcohol and Other Drug Dependence Treatment
Description: Percentage of patients 13 years of age and older with a new episode of alcohol and other drug (AOD) dependence who received the following. Two rates are reported.
a. Percentage of patients who initiated treatment within 14 days of the diagnosis
b. Percentage of patients who initiated treatment and who had two or more additional services with an AOD diagnosis within 30 days of the initiation visit
Denominator: Patients age 13 years of age and older who were diagnosed with a new episode of alcohol or drug dependency during a visit in the first 11 months of the measurement period.
Numerator 1: Patients who initiated treatment within 14 days of the diagnosis.
Numerator 2: Patients who initiated treatment and who had two or more additional services with an AOD diagnosis within 30 days of the initiation visit.

Complete the following information:

Stratum 1: Patients age 13-17

*Denominator 1:	*Numerator 1:	*Performance Rate 1:	*Exclusion 1:
1 <input type="text"/>	1 <input type="text"/>	100 <input type="text"/> %	0 <input type="text"/>
*Denominator 2:	*Numerator 2:	*Performance Rate 2:	*Exclusion 2:
1 <input type="text"/>	1 <input type="text"/>	100 <input type="text"/> %	0 <input type="text"/>

Stratum 2: Patients age >=18

*Denominator 1:	*Numerator 1:	*Performance Rate 1:	*Exclusion 1:
1 <input type="text"/>	1 <input type="text"/>	100 <input type="text"/> %	0 <input type="text"/>
*Denominator 2:	*Numerator 2:	*Performance Rate 2:	*Exclusion 2:
1 <input type="text"/>	1 <input type="text"/>	100 <input type="text"/> %	0 <input type="text"/>

Stratum 3: Total Score

*Denominator 1:	*Numerator 1:	*Performance Rate 1:	*Exclusion 1:
1 <input type="text"/>	1 <input type="text"/>	100 <input type="text"/> %	0 <input type="text"/>
*Denominator 2:	*Numerator 2:	*Performance Rate 2:	*Exclusion 2:
1 <input type="text"/>	1 <input type="text"/>	100 <input type="text"/> %	0 <input type="text"/>

For CQM field descriptions: [Help](#)

STEPS

Enter Clinical Quality Measure 7 of 9.
Enter Denominator, Numerator, Performance Rate and Exclusion.



TIPS

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

TOPICS PROGRESS

This is the sixth of six topics required for attestation

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Step 24 – Clinical Quality Measures (CQMs 8 of 9)



Medicare & Medicaid EHR Incentive Program
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Welcome John Doe

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Clinical Quality Measures

Questionnaire: (8 of 9)

(*) Red asterisk indicates a required field.

John Doe
Tax Identifier: XXX-XX- XXXX (SSN)
NPI:
Program Year: 2014

Measure: CMS122/NQF0059

Versions: CMS122v1/CMS122v2

Title: Diabetes: Hemoglobin A1c Poor Control

Description: Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period.

Denominator: Patients 18-75 years of age with diabetes with a visit during the measurement period.

Numerator: Patients whose most recent HbA1c level (performed during the measurement period) is >9.0%.

Complete the following information:

*Denominator:	*Numerator:	*Performance Rate:	*Exclusion:
<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="100"/> %	<input type="text" value="0"/>

For CQM field descriptions: [Help](#)

For additional information: [Clinical Quality Measure Page](#)

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.



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STEPS

Enter Clinical Quality Measure 8 of 9. Enter Denominator, Numerator, Performance Rate and Exclusion.

Performance Rate =
(Numerator) / (Denominator –
[Denominator Exclusion + Denominator Exception])

Click **Save & Continue**

TOPICS PROGRESS

This is the sixth of six topics required for attestation

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Step 24 – Clinical Quality Measures (CQMs 9 of 9)



Medicare & Medicaid EHR Incentive Program
Registration and Attestation System

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Welcome John Doe

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Attestation

Status

Clinical Quality Measures

Questionnaire: (9 of 9)

(*) Red asterisk indicates a required field.

John Doe
Tax Identifier: XXX-XX- XXXX (SSN)
NPI:
Program Year: 2014

Measure: CMS128/NQF0105

Versions: CMS128v1/CMS128v2

Title: Anti-depressant Medication Management

Description: Percentage of patients 18 years of age and older who were diagnosed with major depression and treated with antidepressant medication, and who remained on antidepressant medication treatment. Two rates are reported.

- a. Percentage of patients who remained on an antidepressant medication for at least 84 days (12 weeks)
- b. Percentage of patients who remained on an antidepressant medication for at least 180 days (6 months)

Denominator: Patients 18 years of age and older with a diagnosis of major depression in the 270 days (9 months) prior to the measurement period or the first 90 days (3 months) of the measurement period, who were treated with antidepressant medication, and with a visit during the measurement period.

Numerator 1: Patients who have received antidepressant medication for at least 84 days (12 weeks) of continuous treatment during the 114-day period following the Index Prescription Start Date.

Numerator 2: Patients who have received antidepressant medications for at least 180 days (6 months) of continuous treatment during the 231-day period following the Index Prescription Start Date.

Complete the following information:

*Denominator 1:	*Numerator 1:	*Performance Rate 1:	*Exclusion 1:
1 <input type="text"/>	1 <input type="text"/>	100 <input type="text"/> %	0 <input type="text"/>
*Denominator 2:	*Numerator 2:	*Performance Rate 2:	*Exclusion 2:
1 <input type="text"/>	1 <input type="text"/>	100 <input type="text"/> %	0 <input type="text"/>

For CQM field descriptions: [Help](#)

For additional information: [Clinical Quality Measure Page](#)

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.



STEPS

Enter Clinical Quality Measure 9 of 9. Enter Denominator, Numerator and Performance Rate.

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

TOPICS PROGRESS

This is the sixth of six topics required for attestation

1

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Step 25 - Topics for this Attestation

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

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Welcome John Doe

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Attestation Progress

Reason for Attestation

You are a Medicare Eligible Professional modifying an attestation for the EHR Incentive Program.

John Doe
Tax Identifier: XXX-XX- XXXX (SSN)
NPI:
Program Year: 2014

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. Select the **TOPIC** and provide the required information. The system will show when each **TOPIC** is completed.

1	Attestation Information	Completed	▶
2	Meaningful Use Core Measures	Completed	▶
3	Meaningful Use Menu Measures	Completed	▶
4	Clinical Quality Measures	Completed	▶

Note:
When all topics are marked as completed, select the **Continue with Attestation** button to complete the attestation process. The topic of Clinical Quality Measures should be considered complete if it has a status of Electronic Reporting Program.

Continue with Attestation ▶

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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 26 – Attestation Summary

The data required for this attestation is grouped into topics. In order to complete your attestation, you must complete ALL of the following topics. Select the **TOPIC** and provide the required information. The progress bar will show when each **TOPIC** is completed.

1	Attestation Information	Completed	▶
2	Meaningful Use Core Measures	Completed	▶
3	Meaningful Use Menu Measures	Completed	▶
4	Clinical Quality Measures	Completed	▶



Note:
When all topics are marked as completed, select the **Continue with Attestation** button to complete the attestation process. The topic of Clinical Quality Measures should be considered complete if it has a status of Electronic Reporting Program.

STEPS

Select the measure
Progress Bar to edit
a measure

Click **Save & Continue**

Home Registration **Attestation** Status

Attestation Summary

2 Meaningful Use Core Measures

Your Name
Tax Identifier:
NPI:
Program Year:

Objective	Measure	Entered	Select
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.	More than 30% of all unique patients with at least one medication in their medication list seen by the EP have at least one medication order entered using CPOE.	Numerator = 100 Denominator = 101	 Edit
Implement drug-drug and drug-allergy interaction checks	The EP has enabled this functionality for the entire EHR reporting period.	Yes	Edit
Maintain an up-to-date problem list of current and active diagnoses.	More than 80% of all unique patients seen by the EP have at least one or an indication that no problems are known for the patient recorded as structured data.		



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 reporting period. The EPs may have to recalculate all of their numerator and denominator information for the new reporting period.

Questionnaire: (1 of 15)
(* Red asterisk indicates a required field.)

Objective: Use Computerized Provider Order Entry (CPOE) for medication orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines.
Measure: More than 30% of all unique patients with at least one medication in their medication list seen by the EP have at least one medication order entered using Computerized Provider Order Entry (CPOE).

*Numerator: *Denominator:

For additional information: [Meaningful Use Measure Specification Page](#)

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.

Your Name
Tax Identifier:
NPI:
Program Year:



To attest for the Medicare EHR Incentive Program 2014, you will need to have met meaningful use for a full quarter of the calendar year.

Step 26 – Attestation Summary (Cont.)



Medicare & Medicaid EHR Incentive Program
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Welcome Your Name

Home Registration **Attestation** Status

Attestation Summary

2 Meaningful Use Core Measures

Your Name
Tax Identifier: XXX-XX-6224 (SSN)
NPI: 0000000000
Program Year: 2012

Objective	Measure	Entered	Select
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.	More than 30% of all unique patients with at least one medication in their medication list seen by the EP have at least one medication order entered using CPOE.	Numerator = 100 Denominator = 101	<input type="button" value="Edit"/>
Implement drug-drug and drug-allergy interaction checks	The EP has enabled this functionality for the entire EHR reporting period.	Yes	<input type="button" value="Edit"/>
Maintain an up-to-date problem list of current and active diagnoses.	More than 80% of all unique patients seen by the EP have at least one entry or an indication that no problems are known for the patient recorded as structured data.	Numerator = 100 Denominator = 101	<input type="button" value="Edit"/>
Generate and transmit permissible prescriptions written by the EP are transmitted electronically using certified EHR technology.	More than 40% of all permissible prescriptions written by the EP are transmitted electronically using certified EHR technology.	Numerator = 100 Denominator = 101	<input type="button" value="Edit"/>
Maintain active medication list.	More than 80% of all unique patients seen by the EP have at least one entry (or an indication that the patient is not currently prescribed any medication) recorded as structured data.	Numerator = 100 Denominator = 101	<input type="button" value="Edit"/>
Maintain active medication allergy list.	More than 80% of all unique patients seen by the EP have at least one entry (or an indication that the patient has no known medication allergies) recorded as structured data.	Numerator = 100 Denominator = 101	<input type="button" value="Edit"/>
Record all of the following demographics: Preferred language Gender Race Ethnicity Date of birth	More than 50% of all unique patients seen by the EP have demographics recorded as structured data.	Numerator = 100 Denominator = 101	<input type="button" value="Edit"/>
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.	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.	Numerator = 100 Denominator = 102	<input type="button" value="Edit"/>

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

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 Topic** 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.



TIPS

Click Return to Attestation summary to view the topics page

Click on Help for additional guidance to navigate the system

Step 27 – Submission Process: Attestation Statements

Medicare & Medicaid EHR Incentive Program
Registration and Attestation System

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Submission Process: Attestation Statements

Attestation Statements

You are about to submit your attestation for EHR Certification Number **Q00000010CAMA**.

Please check the box next to each statement below to attest, then select the **AGREE** button to complete your attestation:

- The information submitted accurately reflects the output of the certified EHR technology.
- The information submitted for CQMs was generated as output from an identified certified EHR technology.

Please select the **Agree** button to proceed with the attestation submission process, or the **Disagree** button to go to the Home Page (your attestation will not be submitted).

Agree | Disagree

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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**

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Submission Process: Confirm Submission

Confirmation Page

You are now ready to submit your attestation. Please review the summary information below and the reason for attestation.

Name: John Doe, MD
TIN:
NPI:
EHR Certification Number:
EHR Reporting Period: 01/01/2012-04/01/2012

Reason for Attestation
You are a Medicare Eligible Professional modifying an attestation for the EHR Incentive Program.

Please select the **Submit Attestation** button to proceed with the attestation submission process, or the **Exit** button to go to the Home Page.

Submit Attestation | Exit

Your Name
Tax Identifier:
NPI:
Program Year:



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

Step 28 – Attestation Disclaimer

The screenshot shows the Medicare & Medicaid EHR Incentive Program Registration and Attestation System interface. At the top left is the logo for the Medicare & Medicaid EHR Incentive Program. To the right are links for "My Account", "Log Out", and "Help". Below these is a "Welcome Your Name" box. The main navigation bar includes "Home", "Registration", "Attestation", and "Status". The "Attestation" tab is selected, and the page title is "Attestation Disclaimer".

General Notice
NOTICE: Any person who knowingly files a statement of claim containing any misrepresentation or any false, incomplete or misleading information may be guilty of a criminal act punishable under law and may be subject to civil penalties.

Signature of Eligible Professional
I certify that the foregoing information is true, accurate, and complete. I understand that the Medicare EHR Incentive Program payment I requested will be paid from Federal funds, that by filing this attestation I am submitting a claim for Federal funds, and that the use of any false claims, statements, or documents, or the concealment of a material fact used to obtain a Medicare EHR Incentive Program payment, may be prosecuted under applicable Federal or State criminal laws and may also be subject to civil penalties.

USER WORKING ON BEHALF OF A PROVIDER: I certify that I am attesting on behalf of a provider who has given me authority to act as his/her agent. I understand that both the provider and I can be held personally responsible for all information entered. I understand that a user attesting on behalf of a provider must have an Identity and Access Management system web user account associated with the provider for whom he/she is attesting.

I hereby agree to keep such records as are necessary to demonstrate that I met all Medicare EHR Incentive Program requirements and to furnish those records to the Medicaid State Agency, Department of Health and Human Services, or contractor acting on their behalf.

No Medicare EHR Incentive Program payment may be paid unless this attestation form is completed and accepted as required by existing law and regulations (42 CFR 495.10).

NOTICE: Anyone who misrepresents or falsifies essential information to receive payment from Federal funds requested by this form may upon conviction be subject to fine and imprisonment under applicable Federal laws.

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

DISCLOSURES: This program is an incentives program. Therefore, while submission of information for this program is voluntary, failure to provide necessary information will result in delay in an incentive payment or may result in denial of a Medicare EHR Incentive Program payment. Failure to furnish subsequently requested information or documents to support this attestation will result in the issuance of an overpayment demand letter followed by recoupment procedures.

It is mandatory that you tell us if you believe you have been overpaid under the Medicare EHR Incentive Program. The Patient Protection and Affordable Care Act, Section 6402, Section 1128J, provides penalties for withholding this information.

At the bottom, there are two buttons: "Agree" and "Disagree". The "Agree" button is circled in red.

Your Name
Tax Identifier:
NPI:
Program Year:

STEPS

.....
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 your attestation information before submitting. EPs who fail their attestation can submit their information again, but cannot submit information for the exact same reporting period. The EPs may have to recalculate all of their numerator and denominator information for the new reporting period.

If DISAGREE is chosen you will move back to the Home Page and your attestation will not be submitted

Step 29 – 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

Note: after a successful attestation is accepted and the registration is locked for payment, providers do have the opportunity to modify their attestation



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

Step 29 – Submission Receipt (Rejected Attestation)



Medicare & Medicaid EHR Incentive Program
Registration and Attestation System

[My Account](#) | [Log Out](#) | [Help](#)

Welcome Your Name

Home | Registration | **Attestation** | Status

Submission Receipt

Your Name
Tax Identifier:
NPI:
Program Year:

Rejected Attestation

The EP did not demonstrate meaningful use of certified EHR technology because one or more objectives was not met as indicated by non-compliant measures.

- One or more of the meaningful use core measure calculations did not meet meaningful use minimum standards.
- One or more of the meaningful use menu measures did not meet meaningful use minimum standards.

Please select the **SUMMARY OF MEASURES** button below to view all measures and their corresponding calculation/compliance. Select the Status Tab for additional information about your EHR incentive program participation.

Note: Please print this page for your records. You will not receive an e-mail confirmation of your attestation.

Please select the **Review Results** button below to view all measures. Select the Status Tab for additional information about your EHR incentive program participation.

Attestation Tracking Information
Attestation Confirmation Number:
Name: John Doe, MD
TIN:
NPI:
EHR Certification Number:
EHR Reporting Period: 01/01/2012 - 04/01/2012
Attestation Submission Date: 12/22/2011
Reason for Attestation: You are a Medicare Eligible Professional modifying an attestation for the EHR Incentive Program.

Please select the **Print Receipt** button to print this page.

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. Select the **TOPIC** and provide the required information. You will see when each **TOPIC** is completed.

1	Attestation Information	Completed	▶
2	Meaningful Use Core Measures	Completed	▶
3	Meaningful Use Menu Measures	Completed	▶
4	Clinical Quality Measures	Completed	▶

Note:

When all topics are marked as completed, select the **Continue with Attestation** button to complete the attestation process. The topic of Clinical Quality Measures should be considered complete if it has a status of Electronic Reporting Program.

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 30 – 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

Medicare & Medicaid EHR Incentive Program
Registration and Attestation System

My Account | Log Out | Help
Welcome Your Name

Home | Registration | **Attestation** | Status

Attestation Summary

2 Meaningful Use Core Measures

Your Name
Tax Identifier:
NPI:
Program Year:

Objective	Measure	Entered	Select
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.	More than 30% of all unique patients with at least one medication in their medication list seen by the EP have at least one medication order entered using CPOE.	Numerator = 100 Denominator = 101	<input type="button" value="Edit"/>
Implement drug-drug and drug-allergy interaction checks	The EP has enabled this functionality for the entire EHR reporting period.	Yes	<input type="button" value="Edit"/>
Maintain an up-to-date problem list of current and active diagnoses	More than 80% of all unique patients seen by the EP have at least one entry or an	Numerator = 100 Denominator = 101	

Home | Registration | **Attestation** | Status

Summary of Meaningful Use Core Measures

Attestation Submitted: 12/22/2011
Confirmation Number: 1000041378

Your Name
Tax Identifier:
NPI:
Program Year:

Objective	Measure	Reason	Entered	Accepted / Rejected
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.	More than 30% of all unique patients with at least one medication in their medication list seen by the EP have at least one medication order entered using CPOE.	This measure meets minimum standard.	99.00%	Accepted
Implement drug-drug and drug-allergy interaction checks	The EP has enabled this functionality for the entire EHR reporting period.	This measure meets minimum standard.	Yes	Accepted
Maintain an up-to-date problem list of current and active diagnoses.	More than 80% of all unique patients seen by the EP have at least one entry or an indication that no problems are known for the patient recorded as structured data.	This measure meets minimum standard.	99.00%	Rejected
Generate and transmit permissible prescriptions electronically (eRx).	More than 40% of all permissible prescriptions written by the EP are transmitted electronically using certified EHR technology.	This measure meets minimum standard.	99.00%	Accepted

Please select the **Previous** button to go back a topic or the **Next Topic** button to proceed to the next topic. Select the **Review Results** button to view the Attestation Summary page.

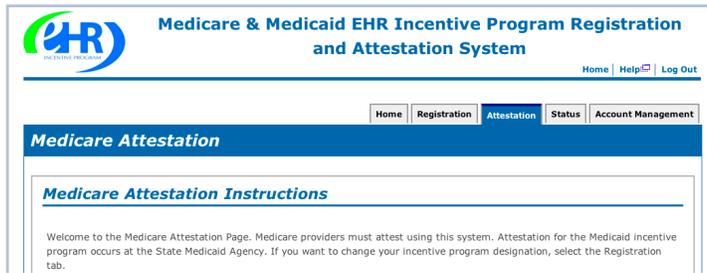
← Previous | Next Topic → | Review Results



TIP

Print the Summary of Measures page for your future reference

Step 31 – Medicare Attestation – Resubmission



Attestation Progress

Reason for Attestation

You are a Medicare Eligible Professional modifying an attestation for the EHR Incentive Program.

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. Select the **TOPIC** and provide the required information. The system will show when each **TOPIC** is completed.

1	Attestation Information	Completed	▶
2	Meaningful Use Core Measures	Completed	▶
3	Meaningful Use Menu Measures	Completed	▶
4	Clinical Quality Measures	Completed	▶

Note:
When all topics are marked as completed, select the **Continue with Attestation** button to complete the attestation process. The topic of Clinical Quality Measures should be considered complete if it has a status of Electronic Reporting Program.

Continue with Attestation ▶

John Doe
Tax Identifier:
NPI:
Program Year:

Web Policies & Important Links Department of Health & Human Services

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 reporting period. The EPs may have to recalculate all of their numerator and denominator information for the new reporting period.

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

Step 32 – Topics for Attestation – Resubmission

My Account
Welcome

Home Registration **Attestation** Status

Attestation Progress

Reason for Attestation

You are a Medicare Eligible Professional modifying an attestation for the EHR Incentive Program.

John Doe
Tax Identifier:
NPI:
Program Year:

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. Select the **TOPIC** and provide the required information. The system will show when each **TOPIC** is completed.

1	Attestation Information	Completed	▶
2	Meaningful Use Core Measures	Completed	▶
3	Meaningful Use Menu Measures	Completed	▶
4	Clinical Quality Measures	Completed	▶

Note:
When all topics are marked as completed, select the **Continue with Attestation** button to complete the attestation process. The topic of Clinical Quality Measures should be considered complete if it has a status of Electronic Reporting Program.

Continue with Attestation ▶

Web Policies & Important Links Department of Health & Human Services

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**



TIP

All of the topics must be complete in order to continue with attestation

Step 32 – Topics for Attestation – Resubmission (cont.)

Home Registration **Attestation** Status

Attestation Summary

2 Meaningful Use Core Measures

Your Name
Tax Identifier:
NPI:
Program Year:

Objective	Measure	Entered	Select
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.	More than 30% of all unique patients with at least one medication in their medication list seen by the EP have at least one medication order entered using CPOE.	Numerator = 100 Denominator = 101	<input type="button" value="Edit"/>

STEPS

Select **Edit** to change a measure before completing your attestation

Home Registration **Attestation** Status

Meaningful Use Core Measures

Questionnaire: (1 of 15)
(* Red asterisk indicates a required field.)

Your Name
Tax Identifier:
NPI:
Program Year:

Objective: Use Computerized Provider Order Entry (CPOE) for medication orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines.

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

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

*Does this exclusion apply to you?
 Yes No

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

Complete the following information:

Numerator The number of patients in the denominator that have at least one medication order entered using Computerized Provider Order Entry (CPOE).

Denominator Number of unique patients with at least one medication in their medication list seen by the EP during the EHR reporting period.

*Numerator: *Denominator:

The data required for this attestation is group complete ALL of the following topics. Select the topic that will show when each **TOPIC** is completed.

- 1 Attestation Information
- 2 Meaningful Use Core Measures
- 3 Meaningful Use Menu Measures
- 4 Clinical Quality Measures

Note:
When all topics are marked as completed, select the topic to complete the attestation process. The topic is considered complete if it has a status of Elect



TIP

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 reporting period. The EPs may have to recalculate all of their numerator and denominator information for the new reporting period.

Step 33 – Attestation Statements and Confirmation Page – Resubmission



Medicare & Medicaid EHR Incentive Program
Registration and Attestation System

[My Account](#) | [Log Out](#) | [Help](#)

Welcome Your Name

STEPS

Check each box next to each statement to attest

Click on **Agree**

Click on **Submit Attestation** to confirm submission

Home Registration **Attestation** Status

Submission Process: Attestation Statements

Attestation Statements

You are about to submit your attestation for EHR Certification Number

Please check the box next to each statement below to attest, then select the **AGREE** button to complete your attestation:

- The information submitted for clinical quality measures was generated as output from an identified certified EHR technology.
- The information submitted is accurate to the knowledge and belief of the EP.
- The information submitted is accurate and complete for numerators, denominators, exclusions and measures applicable to the EP.
- The information submitted includes information on all patients to whom the measure applies.
- A zero was reported in the denominator of a measure when an EP did not care for any patients in the denominator population during the EHR reporting period.

Please select the **Agree** button to proceed with the attestation submission process, or the **Disagree** button to go to the Home Page (your attestation will not be submitted).

Your Name
Tax Identifier:
NPI:
Program Year:

Home Registration **Attestation** Status

Submission Process: Confirm Submission

Confirmation Page

You are now ready to submit your attestation. Please review the summary information below and the reason for attestation.

Name: John Doe, MD
TIN:
NPI:
EHR Certification Number:
EHR Reporting Period: 01/01/2012-04/01/2012

Reason for Attestation
You are a Medicare Eligible Professional modifying an attestation for the EHR Incentive Program.

Please select the **Submit Attestation** button to proceed with the attestation submission process, or the **Exit** button to go to the Home Page.

Your Name
Tax Identifier:
NPI:
Program Year:



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 34 – Attestation Disclaimer



[My Account](#) | [Log Out](#) | [Help](#)

Welcome Your Name

[Home](#) | [Registration](#) | [Attestation](#) | [Status](#)

Attestation Disclaimer

General Notice

NOTICE: Any person who knowingly files a statement of claim containing any misrepresentation or any false, incomplete or misleading information may be guilty of a criminal act punishable under law and may be subject to civil penalties.

Signature of Eligible Professional

I certify that the foregoing information is true, accurate, and complete. I understand that the Medicare EHR Incentive Program payment I requested will be paid from Federal funds, that by filing this attestation I am submitting a claim for Federal funds, and that the use of any false claims, statements, or documents, or the concealment of a material fact used to obtain a Medicare EHR Incentive Program payment, may be prosecuted under applicable Federal or State criminal laws and may also be subject to civil penalties.

USER WORKING ON BEHALF OF A PROVIDER: I certify that I am attesting on behalf of a provider who has given me authority to act as his/her agent. I understand that both the provider and I can be held personally responsible for all information entered. I understand that a user attesting on behalf of a provider must have an Identity and Access Management system web user account associated with the provider for whom he/she is attesting.

I hereby agree to keep such records as are necessary to demonstrate that I met all Medicare EHR Incentive Program requirements and to furnish those records to the Medicaid State Agency, Department of Health and Human Services, or contractor acting on their behalf.

No Medicare EHR Incentive Program payment may be paid unless attestation form is completed and accepted as required by existing regulations (42 CFR 495.10).

NOTICE: Anyone who misrepresents or falsifies essential information to receive payment from Federal funds requested by this form may be subject to fine and imprisonment under applicable laws.

ROUTINE USE(S): Information from this Medicare EHR Incentive registration form and subsequently submitted information and data may be given to the Internal Revenue Service, private collection agencies, and consumer reporting agencies in connection with recoupment overpayment made and to Congressional Offices in response to inquiries made at the request of the person to whom a record pertains. A disclosure may be made to other federal, state, local, foreign government agencies, private business entities, and individual providers of care matters relating to entitlement, fraud, program abuse, program and civil and criminal litigation related to the operation of the Medicare Incentive Program.

DISCLOSURES: This program is an incentives program. Therefore, submission of information for this program is voluntary, failure to furnish necessary information will result in delay in an incentive payment result in denial of a Medicare EHR Incentive Program payment. Failure to furnish subsequently requested information or documents to support attestation will result in the issuance of an overpayment demand followed by recoupment procedures.

It is mandatory that you tell us if you believe you have been overpaid under the Medicare EHR Incentive Program. The Patient Protection and Affordable Care Act, Section 6402, Section 1128J, provides penalties for willful overpayment.

Agree Disagree

Your Name
Tax Identifier:
NPI:
Program Year:

STEPS

Read the Attestation Disclaimer and Click on **Agree** or **Disagree**

Click **Attest**

[Home](#) | [Registration](#) | [Attestation](#) | [Status](#)

Attestation

Medicare Attestation Instructions

Welcome to the Medicare Attestation Page. Medicare providers must attest using this system. Attestation for the Medicaid Incentive program occurs at the State Medicaid Agency. If you want to change your incentive program designation, select the Registration tab.

For information on the meaningful use requirements for attestation, please visit the [Meaningful Use Information page](#).

Depending on the current status of your Medicare attestation, please select one of the following actions:

- Attest** Begin Medicare attestation to meaningful use of EHR technology
- Modify** Modify a previously started Medicare attestation that has not yet been submitted
- Cancel** Inactivate a Medicare attestation prior to receiving an EHR incentive payment
- Resubmit** Resubmit a failed or rejected Medicare attestation
- Reactivate** Reactivate a canceled Medicare attestation
- View** Review the Medicare attestation summary of measures after submission
- Not Available** In order to begin, modify, cancel, resubmit, or reactivate a Medicare Attestation record, the EHR Incentive Program Registration associated to the Medicare Attestation record must have a Medicare Registration Status of "Active". Please verify that the registration is in the correct status.

Medicare Attestation Selection

Identify the desired Medicare attestation and select the Action you would like to perform. Please note that only one Action can be performed at a time on this page.

Name	Tax Identifier	National Provider Identifier (NPI)	Medicare Attestation Status	Program Year	Payment Year	Action
John Doe, MD						<input type="button" value="Attest"/>



TIP

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

Step 35 – Review Status Information



Medicare & Medicaid EHR Incentive Program
Registration and Attestation System

[My Account](#) | [Log Out](#) | [Help](#)

Welcome

Home

Registration

Attestation

Status

Status Information

The following outlines the most recent events associated with your participation in the EHR Incentive Program.

- Your MEDICARE EHR Incentive Program registration was successfully submitted on 06/04/2013.
- Your MEDICARE EHR Incentive Program attestation was successfully submitted on 06/04/2013 for Calendar year 2013.

For additional information on your registration, attestation(s), and payment(s), please select the appropriate tab.

Tax Identifier:
NPI:
Registration Status:
Medicare: Locked For Payment
Attestation Status: Locked For Payment
Total Cumulative Payment:

Registration Information

Attestation Information

Payment Information

Your MEDICARE EHR Incentive Program registration was originally created on 06/04/2013. Your MEDICARE registration was last updated on 06/04/2013.

Incentive Type	Registration Status	Status Reason	Explanation
MEDICARE	Medicare: Locked For Payment	Medicare - The payment process has been initiated	

Registration ID:

Payee Name:

Payee TIN:

Payee NPI:

EHR Certification Indicator: Yes

EHR Certification Number:

Eligible Professional Type: Doctor of Dental Surgery or Dental Medicine

Current Hospital Based Status

Deemed Hospital Based in 2012: No

Hospital Based Percentage in 2012: 0%

Business Address:

Phone #:

Ext:

E-Mail:

Contractor ID:

FI/Carrier/MAC:

Please select the **Previous** button to return to the Status Selection Page and the **View PDF** button to view the contents of this page as a PDF.

Previous

View PDF

Web Policies & Important

CMS.gov



Medicare & Medicaid
EHR Incentive Program
Registration and Attestation System

PDF printed on June 18, 2013

Registration Information

Name:

NPI:

TIN:

Incentive Type: MEDICARE

Registration Status: Medicare:LOCKED FOR PAYMENT

Status Reason: Medicare-The payment process has been initiated

Registration last Update Date: 06/04/2013

Explanation: N/A

Registration ID:

STEPS

When you have finished attestation, click on the Status tab to see your progress.

Click the appropriate tab to see your registration, attestation, and payment status.

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: EUSupport@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/>

STEPS

.....
The **Help** link is on every screen. Click **Help** for additional information

Acronym Translation

CCN	CMS Certification Number
CMS	Centers for Medicare & Medicaid Services
CQM	Clinical Quality Measures
DMF	Social Security Death Master File
EHR	Electronic Health Record
EIN	Employer's Identification Number
EP	Eligible Professional
FI	Fiscal Intermediary
FQHC	Federally Qualified Health Center
I&A	Identification & Authentication System
IDR	Integrated Data Repository
LBN	Legal Business Name
MAC	Medicare Administrative Contractor
MAO	Medicare Advantage Organization
NLR	National Level Repository
NPI	National Provider Identifier
NPPES	National Plan and Provider Enumeration System
OIG	Office of the Inspector General
PECOS	Provider Enrollment, Chain and Ownership System
RHC	Rural Health Center
SSN	Social Security Number
TIN	Tax Identification Number

ACRONYMS



