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Medicare regulations can be found on the CMS Web site at http://www.cms.gov

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ATTESTATION USER GUIDE
FOR ELIGIBLE PROFESSIONALS

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 1 – 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.

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.

Overview of Eligible Professional (EP) and Eligible Hospital Types

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

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

Further, Medicare 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

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, 95.6 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.

---

**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

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

#### Eligible Hospitals
- If you are an Eligible Hospital, you must have an active NPI. If you do not have an NPI, apply for an NPI in [NPPES](https://nppes.cms.hhs.gov).

#### Associated with both Eligible Professionals (EPs) and Eligible Hospitals
- If you are an EP using your NPPES web user account, you may also be permitted to work on behalf of a hospital. Navigates to the I&A System and use your NPPES User ID and password to request to work on behalf of an organization.

#### Account Management
- If you are an existing user and need to reset your password, visit the [I&A System](https://ecindata.cms.hhs.gov).

(*) Red asterisk indicates a required field.

<table>
<thead>
<tr>
<th>User ID:</th>
<th>*Password:</th>
</tr>
</thead>
</table>

- 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](https://ecindata.cms.hhs.gov) in the I&A System.

- Users working on behalf of an Eligible Hospital(s) must have an Identity and Access Management system (I&A) web user account (User ID/Password) and be associated to an organization NPI. If you are working on behalf of an Eligible Hospital(s) and do not have an I&A web user account, [Create a Login](https://ecindata.cms.hhs.gov) in the I&A System.

- Users working on behalf of an Eligible Professional(s) may also work on behalf of an Eligible Hospital(s). An Identity and Access Management system (I&A) web user account (User ID/Password) can be associated to both an Eligible Professional NPI and an organization NPI. If you do not have an I&A web user account, [Create a Login](https://ecindata.cms.hhs.gov) in the I&A System.

- If you are having issues with your User ID/Password and are unable to log in, please contact the EHR Incentive Program Information Center at 888-734-6436 / TTY: 888-734-6563.

- View our checklist of required materials here.

#### 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](https://pecos.cms.hhs.gov)

To locate your NPI number, visit; [https://nppes.cms.hhs.gov/NPPES/NPIRegistryHome.do](https://nppes.cms.hhs.gov/NPPES/NPIRegistryHome.do)

User name and password are case sensitive.
Step 2 – Login (Continued)

Working on Behalf of an Eligible Professional

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 Accept.

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

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

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

Identity & Access Management System

Note: You are able to see the email because you are in debug mode.

From: EUSSupport@cgt.com
To: Subject: Acknowledgement of Registration

Congratulations, you have successfully registered as a user of the IDA system.

Please note your account information:

- Name:
- User ID:
- Date of Registration:

You can login using the following link: https://ppgsw3.cms.gov/IAWeb/login.dws.

Systems that currently accept IAA log in credentials:
- Internet-based PROG5 (https://pprogram.cms.hhs.gov)
- EHR Incentive Program (https://ehrincentives.cms.gov)

Do not reply to this message via e-mail. This address is automated, unattended, and cannot help with questions.

External User Services (EUS) Help Desk
- Phone: 1-866-407-4000
- Email: EUSRendezvous@cms.gov

User Registration - User Information

Congratulations, your account has been successfully created.

- If you are an Individual Provider, you will be able to see all associations with your NPI.
- If you are an Authorized Official or a Delegated Official, you will need to add your employer(s) to manage staff and connections associated with your employer(s).
- If you are a Staff End User, you need to ask an Authorized Official or Delegated Official associated with your employer to invite you to work on the behalf of the 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

TIPS
Click on Help for additional guidance to navigate the system

The Help link is on every page

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.
Step 2 – Login (Continued)

Working on Behalf of an Eligible Professional

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

TIPS
Click on Help for additional guidance to navigate the system

The Help link is on every page

STEPS
To add an employer, enter the organization information including the NPI number. Click Search.
Step 2 – Login (Continued)

Working on Behalf of an Eligible Professional

TIPS
Click on Help for additional guidance to navigate the system

STEPS
Select your employer from the search results. If your provider is not listed, click Add Employer Not in List.
Step 2 – Login (Continued)

Working on Behalf of an Eligible Professional

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

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

**The Help link is on every page**

---

**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**.
Step 2 – Login (Continued)

Working on Behalf of an Eligible Professional

TIPS
Click on Help for additional guidance to navigate the system

The Help link is on every page

STEPS
Once you have successfully added your employer, you will see the status of your request in your Profile tab.
Step 2 – Login (Continued)

Working on Behalf of an Eligible Professional

**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

TIPS
Click on Help for additional guidance to navigate the system

The Help link is on every page

STEPS

When your employer approves a connection, they will see a confirmation screen and will need to click Submit.
Step 2 – Login (Continued)

Working on Behalf of an Eligible Professional

TIPS

Click on Help for additional guidance to navigate the system

The Help link is on every page

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.
Step 3 – Welcome
If your login was successful you will receive the “Welcome Screen”.

The Welcome screen consists of four tabs to navigate through the registration and attestation process:

1. Home
2. Registration
3. Attestation
4. Status

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

STEPS
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
Step 3 – Welcome
If your login was successful you will receive the “Welcome Screen”.

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

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

STEPS
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.
Step 4 – Attestation Instructions

Follow the registration instructions below.

---

**STEPS**

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

---

**TIPS**

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

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

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

The data required is grouped into six topics for Attestation.

STEPS

Click on

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

TIPS

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

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

**STEPS**

Enter your CMS EHR Certification Number

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

Click on **Save & Continue**

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

**TIPS**

The 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.

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.

**TOPICS PROGRESS**

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

Read the objective and measure and respond as appropriate.

**STEPS**

Select the appropriate option under Patient Records

Answer Yes or No to the Exclusion question

Click on Save & Continue to continue with your attestation

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

**TIPS**

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

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

**TOPICS PROGRESS**

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

STEPS

Select the appropriate option under Patient Records

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

TIPS

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

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

TOPICS PROGRESS

This is the second of six topics required for attestation

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

STEPS

Enter the Numerator and Denominator

Click on Save & Continue to continue with your attestation

TIPS

Numerator and Denominator must be whole numbers
Click on HELP for additional guidance to navigate the system
The Help link is on every page

TOPICS PROGRESS
This is the second of six topics required for attestation
Step 10 –
Meaningful Use Core Measures Questionnaire (4 of 15)

**STEPS**

Select the appropriate option under Patient Records

Answer Yes or No to the exclusion question

Enter the Numerator and Denominator

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

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

**TIPS**

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
Step 11 –
Meaningful Use Core Measures Questionnaire (5 of 15)

**STEPS**

Enter a Numerator and Denominator

Click **Save & Continue**

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

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

**TIPS**

Numerator and Denominator must be whole numbers

Click on Help for additional guidance to navigate the system

The Help link is on every page

**TOPICS PROGRESS**

This is the second of six topics required for attestation
Step 12 – Meaningful Use Core Measures Questionnaire
(6 of 15)

Enter Numerator and Denominator and click Save & Continue

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

Enter Numerator and Denominator and click Save & Continue
Step 14 –
Meaningful Use Core Measures Questionnaire (8 of 15)

**STEPS**

Select the appropriate option under Patient Records

Answer Yes or No to Exclusion 1

Select Yes or No for Exclusion 2

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

Click *Save & Continue* to proceed with attestation

**TIPS**

Numerator and Denominator must be whole numbers

You may select the Previous button to go back

*This is the second of six topics required for attestation*
Step 15 –
Meaningful Use Core Measures Questionnaire (9 of 15)

STEPS

Select the appropriate option under Patient Records

Answer Yes or No to the Exclusion

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

Click Save & Continue to proceed with attestation

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

The completed topics have a check mark on the Topics screen

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Step 16 – Meaningful Use Core Measures Questionnaire (10 of 15)

**STEPS**

CQM reporting has been removed as a core measure

Click **Save & Continue**

**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)

**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 EP's discretion to withhold certain information.

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

For additional information: [EMR Incentive Program Educational Resources](https://ehrincentives.cms.gov)

**TIP**
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

Medicare EHR Incentive Program User Guide – Page 36
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**

**TOPICS PROGRESS**

This is the second of six topics required for attestation
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.
### Step 22 – Meaningful Use Menu Measures Questionnaire

**Meaningful Use Menu Measures**

**Instructions**
You must select 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 task is successful (unless none of the public health agencies to which the EP submits such information have the capacity to receive the information electronically). | ✓ |
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 submit electronic syndromic surveillance data to public health agencies and follow-up submission if the task is successful (unless none of the public health agencies to which an EP submits such information have the capacity to receive the information electronically). | □

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):

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

**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**

**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*
Step 23 – Review of the nine Meaningful Use Measures

Meaningful Use Public Health Measure (1 of 9)

**TIPS**

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 (2 of 9)

**TIPS**
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

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

---

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

---

**John Doe**

Tax Identifier: XXX-XX- XXX (SSN)

NPX: Program Year: 2014

---

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

Menu Measure Objectives (3 of 9)

MEASURES
Complete the questions for the 5 measures you selected

Click Save & Continue

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)

MEASURES

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

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.

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

Menu Measure Objectives (5 of 9)

**MEASURES**

Complete the questions for the 5 measures you selected

Click *Save & Continue*

**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 (6 of 9)

MEASURES

Complete the questions for the 5 measures you selected

Click Save & Continue

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

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

Menu Measure Objective (7 of 9)

MEASURES

Complete the questions for the 5 measures you selected

Click Save & Continue

TIPS

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

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

TOPICS PROGRESS

This is the third of six topics required for attestation

---

Medicare EHR Incentive Program User Guide – Page 46
Step 23 – Review of the nine Meaningful Use Measures (cont.)

Menu Measure Objectives (8 of 9)

### 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)

MEASURES

Complete the questions for the 5 measures you selected

Click Save & Continue

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

MEDICARE EHR INCENTIVE PROGRAM USER GUIDE – Page 48
### Step 24 – Clinical Quality Measures (CQM)

#### Patient and Family Engagement

| ID Number      | Versions             | Title                                                          | Selection |
|----------------|----------------------|                                                               |-----------|
| CMS157/NQP0384 | CMS157v1/ CMS157v2  | Oncology: Medical and Radiation - Pain Intensity Quantified    |           |

#### Patient Safety

| ID Number      | Versions             | Title                                                          | Selection |
|----------------|----------------------|                                                               |-----------|
| CMS156/NQP0022 | CMS156v1/ CMS156v2  | Use of High-Risk Medications in the Elderly (Recommended - Adult) |           |

#### Care Coordination

<table>
<thead>
<tr>
<th>ID Number</th>
<th>Versions</th>
<th>Title</th>
<th>Selection</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMS50</td>
<td>CMS50v1/ CMS50v2</td>
<td>Closing the referral loop: receipt of specialist report (Recommended - Adult)</td>
<td></td>
</tr>
</tbody>
</table>

#### Population/Public Health

| ID Number      | Versions             | Title                                                          | Selection |
|----------------|----------------------|                                                               |-----------|
| CMS155/NQP0024 | CMS155v1/ CMS155v2  | Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents |           |

#### Efficient Use of Healthcare Resources

| ID Number      | Versions             | Title                                                          | Selection |
|----------------|----------------------|                                                               |-----------|
| CMS166/NQP0052 | CMS166v2/ CMS166v3  | Use of Imaging Studies for Low Back Pain (Recommended - Adult) |           |

#### Clinical Process/Effectiveness

| ID Number      | Versions             | Title                                                          | Selection |
|----------------|----------------------|                                                               |-----------|
| CMS137/NQP0004 | CMS137v1/ CMS137v2  | Initiation and Engagement of Alcohol and Other Drug Dependence Treatment |           |

---

**TIP**

This is the third of six topics required for attestation.
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.

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.

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

Enter Denominator, Numerator, and Performance Rate.

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

Click Save & Continue to proceed with attestation.

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

Numerator and Denominator must be whole numbers.
Step 24 – Clinical Quality Measures (CQMs 2 of 9)

TIPS

Numerator and Denominator must be whole numbers

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

STEPS

Enter Clinical Quality Measure 2 of 9

Enter Denominator, Numerator, and Performance Rate.

Performance Rate =

\[
\frac{\text{(Numerator)}}{\text{(Denominator} - \text{Denominator Exclusion + Denominator Exception)}}
\]

Click **Save & Continue** to proceed with attestation
Step 24 – Core Clinical Quality Measures (CQMs 3 of 9)

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

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

**STEPS**

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

**Questionnaire: (4 of 9)**

(*) Red asterisk indicates a required field.

- **Measure:** 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 who had 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:** 1
- **Numerator 1:** 1
- **Performance Rate 1:** 100%
- **Exclusion 1:** 0

- **Denominator 2:** 1
- **Numerator 2:** 1
- **Performance Rate 2:** 100%
- **Exclusion 2:** 0

- **Denominator 3:** 1
- **Numerator 3:** 1
- **Performance Rate 3:** 100%
- **Exclusion 3:** 0

**Stratum 2: Patients age 12-17**

- **Denominator 1:** 1
- **Numerator 1:** 1
- **Performance Rate 1:** 100%
- **Exclusion 1:** 0

- **Denominator 2:** 1
- **Numerator 2:** 1
- **Performance Rate 2:** 100%
- **Exclusion 2:** 0

**TOPICS PROGRESS**

This is the fifth of six topics required for attestation

1 2 3 4 5 6

[Back to the Table of Contents]
Step 24 – Clinical Quality Measures (CQMs 5 of 9)

STEPS

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

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

Click **Save & Continue**

TIPS

All fields must be completed

TOPICS PROGRESS

This is the fifth of six topics required for attestation
Step 24 – Clinical Quality Measures (CQMs 6 of 9)

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

Performance Rate = \( \frac{\text{Numerator}}{\text{Denominator} - (\text{Denominator Exclusion} + \text{Denominator Exception})} \)

Click **Save & Continue**
Step 24 – Clinical Quality Measures (CQMs 7 of 9)

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

**STEPS**

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

Performance Rate = \( \frac{\text{Numerator}}{\text{Denominator} - (\text{Denominator Exclusion} + \text{Denominator Exception})} \)

Click *Save & Continue*
Step 24 – Clinical Quality Measures (CQMs 9 of 9)

**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*
**Step 25 - Topics for this Attestation**

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 so that the progress bar shows your progress.

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.

TIPS
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.

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.

STEPS
Select the measure Progress Bar to edit a measure
Click Save & Continue

https://ehrincentives.cms.gov

Back to the Table of Contents
Step 26 – Attestation Summary (Cont.)

STS

Steps click Next

Topic to review the remaining summary of measures

You may Edit any measure from this screen

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

TIPS

Click Return to Attestation summary to view the topics page

Click on Help for additional guidance to navigate the system
Step 27 – Submission Process: Attestation Statements

**STEPS**

Check the box next to each statement to attest

To complete your attestation, click **Agree**

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

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

**TIPS**

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

Click on Help for additional guidance to navigate the system
Step 28 – Attestation Disclaimer

**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.

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

**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.
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)

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

Print the Summary of Measures page for your future reference
Step 31 – Medicare Attestation – Resubmission

STEPS

Select **Resubmit** under the Action column

NOTE: EPs who fail their attestation can submit their information again, but cannot submit information for the exact same 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

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
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

**STEPS**

Check each box next to each statement to attest

1. Click on **Agree**
2. Click on **Submit Attestation** to confirm submission

**TIP**

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

[Link to Medicare EHR Incentive Program User Guide](https://ehrincentives.cms.gov)
Step 34 – Attestation Disclaimer

Read the Attestation Disclaimer and Click on Agree or Disagree

Click Attest

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

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: EUSSupport@cgi.com

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

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

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

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

STEPS

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

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CCN</td>
<td>CMS Certification Number</td>
</tr>
<tr>
<td>CMS</td>
<td>Centers for Medicare &amp; Medicaid Services</td>
</tr>
<tr>
<td>CQM</td>
<td>Clinical Quality Measures</td>
</tr>
<tr>
<td>DMF</td>
<td>Social Security Death Master File</td>
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<tr>
<td>EHR</td>
<td>Electronic Health Record</td>
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<tr>
<td>EIN</td>
<td>Employer’s Identification Number</td>
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<tr>
<td>EP</td>
<td>Eligible Professional</td>
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<tr>
<td>FI</td>
<td>Fiscal Intermediary</td>
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<tr>
<td>FQHC</td>
<td>Federally Qualified Health Center</td>
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<tr>
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<td>Identification &amp; Authentication System</td>
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<td>Integrated Data Repository</td>
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<tr>
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<td>Office of the Inspector General</td>
</tr>
<tr>
<td>PECOS</td>
<td>Provider Enrollment, Chain and Ownership System</td>
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<td>Rural Health Center</td>
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</tr>
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