



ATTESTATION USER GUIDE

For Eligible Professionals

Medicare Electronic Health Record (EHR) Incentive Program



November 2013



CONTENTS

Click on the Step below to navigate directly to that page.

Step 1	..... Getting started	4
Step 2	..... Login instructions	6
Step 3	..... Welcome	22
Step 4	..... Attestation Instructions	24
Step 5	..... Topics for this Attestation	25
Step 6	..... Attestation Information	26
Step 7	..... Meaningful Use Core Measures Questionnaire (1 of 15)	27
Step 8	..... Meaningful Use Core Measures Questionnaire (2 of 15)	28
Step 9	..... Meaningful Use Core Measures Questionnaire (3 of 15)	29
Step 10	..... Meaningful Use Core Measures Questionnaire (4 of 15)	30
Step 11	..... Meaningful Use Core Measures Questionnaire (5 of 15)	31
Step 12	..... Meaningful Use Core Measures Questionnaire (6 of 15)	32
Step 13	..... Meaningful Use Core Measures Questionnaire (7 of 15)	32
Step 14	..... Meaningful Use Core Measures Questionnaire (8 of 15)	33
Step 15	..... Meaningful Use Core Measures Questionnaire (9 of 15)	34
Step 16	..... Meaningful Use Core Measures Questionnaire (10 of 15)	35
Step 17	..... Meaningful Use Core Measures Questionnaire (11 of 15)	35
Step 18	..... Meaningful Use Core Measures Questionnaire (12 of 15)	36
Step 19	..... Meaningful Use Core Measures Questionnaire (13 of 15)	37
Step 20	..... Meaningful Use Core Measures Questionnaire (14 of 15)	38
Step 21	..... Meaningful Use Core Measures Questionnaire (15 of 15)	38

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.

CONTENTS (cont.)

Click on the Step below to navigate directly to that page.

Step 22	Meaningful Use Measures – Questionnaire	39
Step 23	Review of the ten Meaningful Use Measures	40
Step 24	eReporting Pilot	50
Step 25	Core Clinical Quality Measures (CQMs 1 of 3)	51
Step 26	Core Clinical Quality Measures (CQMs 2 of 3)	52
Step 27	Core Clinical Quality Measures (CQMs 3 of 3)	53
Step 28	Alternate Clinical Quality Measures (CQMs)	54
Step 29	Alternate Clinical Quality Measures – Questionnaire	55
Step 30	Additional Clinical Quality Measures – Questionnaire	57
Step 31	Topics for Attestation	59
Step 32	Summary of Measures	60
Step 33	Submission Process: Attestation Statements	62
Step 34	Attestation Disclaimer	63
Step 35	Submission Receipt – Accepted Attestation	64
Step 35	Submission Receipt – Rejected Attestation	65
Step 36	Summary of Measures – Rejected Attestation	66
Step 37	Medicare Attestation – Resubmission	67
Step 38	Topics for Attestation –Resubmission	68
Step 39	Attestation Statements and Confirmation Page –Resubmission	70
Step 40	Attestation Disclaimer	71
Step 41	Review Status Information	72
Questions/Help		73
Acronym translation		74

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 technology using this ATTESTATION module. (Medicaid EPs should contact their states for information about how to attest.)

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

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

[Previous](#) [Continue](#)

[Web Policies & Important Links](#)

[CMS.gov](#)

[Department of Health & Human Services](#)

[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**

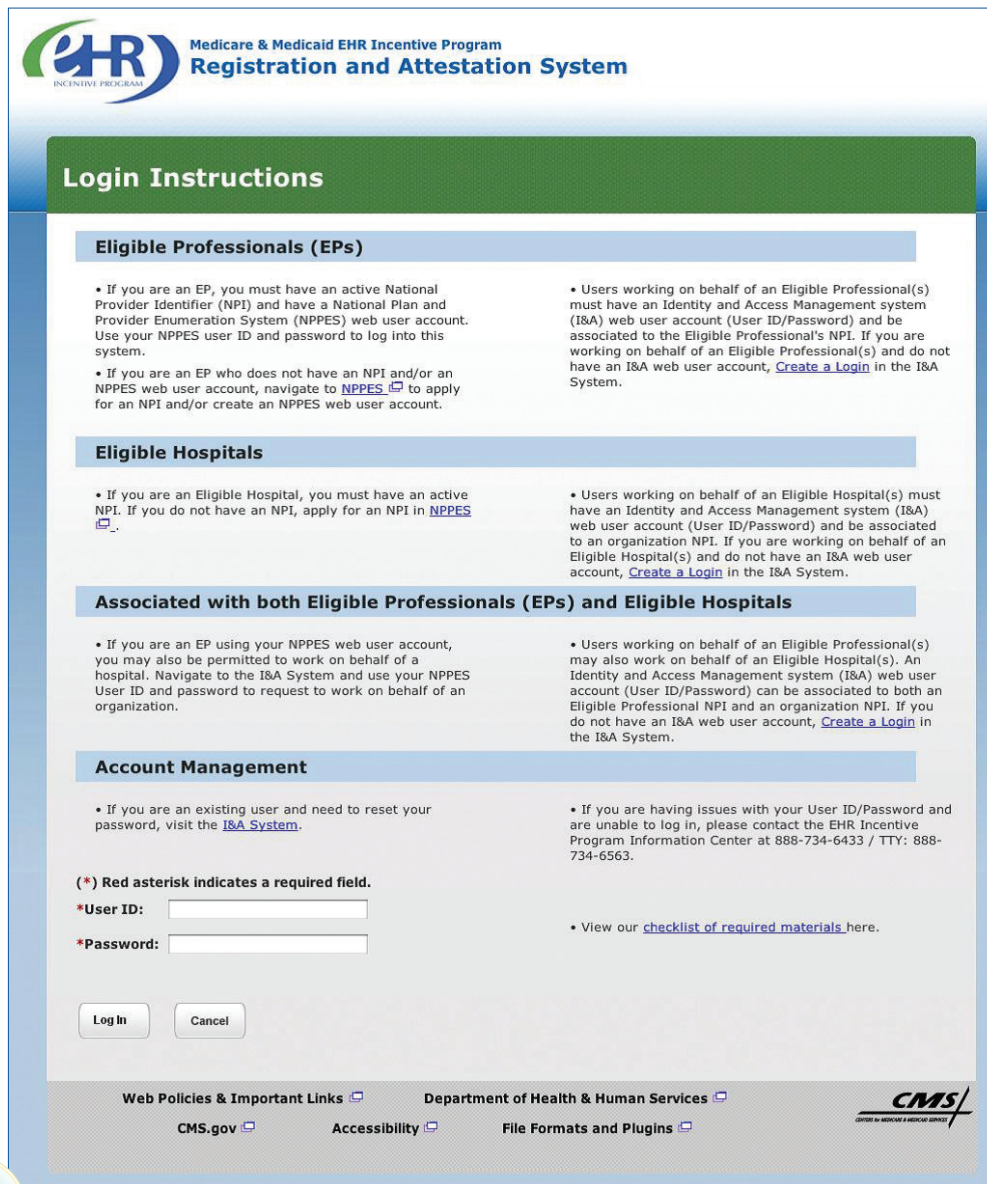


TIP

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



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

Login Instructions

Eligible Professionals (EPs)

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

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](#).
- 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](#) in the I&A System.

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. Navigate to the I&A System and use your NPPES User ID and password to request to work on behalf of an organization.
- 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](#) in the I&A System.

Account Management

- If you are an existing user and need to reset your password, visit 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 888-734-6433 / TTY: 888-734-6563.


(*) Red asterisk indicates a required field.

*User ID:

*Password:

[View our \[checklist of required materials\]\(#\) here.](#)

[Log In](#) [Cancel](#)

Web Policies & Important Links [CMS.gov](#) [Accessibility](#) [File Formats and Plugins](#) [Department of Health & Human Services](#) 

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/NPIRegistryHome.do>

User name and password are case sensitive

Step 2 – Login (Continued)

Working on Behalf of an Eligible Professional

CMS Centers for Medicare & Medicaid Services

Identity & Access Management System [Help](#)

Authorized users are able to sign in to the Identity & Access Management System. If you are a new user you must first [register](#).

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

CMS Centers for Medicare & Medicaid Services

Identity & Access Management System [Help](#)

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 law enforcement 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

CMS Centers for Medicare & Medicaid Services

Identity & Access Management System [Help](#)

User Registration

* Indicates required field(s)

Note: The e-mail address provided must be an individual e-mail address and will be the e-mail address used to contact you regarding your user account.

* E-mail Address:

* Confirm E-mail Address:

Enter the text from the image above

Submit

CMS Centers for Medicare & Medicaid Services

Identity & Access Management System [Help](#)

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

From: EUSupport@cgi.com
To: [redacted]
Subject: E-mail Validation

Please verify your e-mail address by entering the PIN below.
Please either use the link below or cut and paste the link into a new window.

E-mail confirmation page: https://nppes7.cms.cmsval/IAWeb/register/register_pin.do
PIN: [redacted]
Note: The PIN will expire in 72 hours.

Systems that currently accept I&A log in credentials:
Internet-based PECOS (<https://pecos.cms.hhs.gov>)
EHR Incentive Program (<https://ehrincentives.cms.gov>)

Please 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
PO Box 792750
San Antonio, TX 78279
1-866-484-8049
EUSupport@cgi.com

If you have any questions regarding the [system name], please contact the [system help desk name]:
[system help desk phone number, e.g., 1-888-734-6433 (Primary number)]
[system help desk TTY number, e.g., 1-888-734-6563 (TTY number)]

* Indicates required field(s)

Your e-mail address has been successfully submitted and an e-mail has been sent to this account. Please respond to this e-mail within 72 hours to continue the User Registration process.

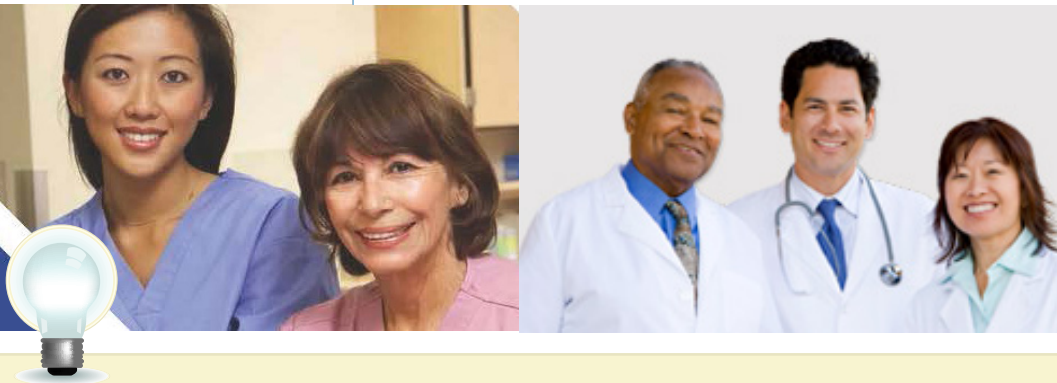
* Received PIN

Submit [Cancel](#)

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)

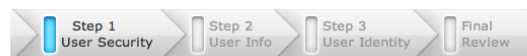
Working on Behalf of an Eligible Professional



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:

* Question 2:

* Question 3:

* Question 4:

* Question 5:

* Answer 1:

* Answer 2:

* Answer 3:

* Answer 4:

* Answer 5:

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

* Indicates required field(s)

* First Name:

Middle Name:

* Last Name:

Suffix:

* Business Phone Number:

Fax Number:

* Date of Birth: (MM/DD/YYYY)

* SSN:

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

* Personal Phone Number:

* Home Address Line 1:

Home Address Line 2:

* City:

* Country:

* State/ Province/ Territory:

* Postal/ ZIP Code:

[Back to Previous Page](#)

Select your address

Important Note: Your address has been standardized.
Your address has been standardized to USPS standards to ensure accurate contact information is record. Both the address you entered and your standardized address are displayed below. If the standardized address is incorrect you may select to use the address you entered. If you need to modify your information select Cancel to return to the User Information entry Page.

☒ Use Standardized Address:
1234 Street Name
City, ST 12345

☐ Use The Address I Entered

Important Note: Sorry, we were unable to confirm your identity.
Please contact Experian Verification Support Services referencing your Session ID to have your identity verified and complete the verification process. For further assistance, please contact External User Services (EUS).

Experian Verification Support Services: (800) 555-7200
Session ID: NPREID-XXXXXXX-XXXXXXX

[Continue](#)

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, the CMS logo and "Centers for Medicare & Medicaid Services" are visible, along with "Logged" and "Sign Out" buttons. The main heading is "Identity & Access Management System" with a "Help" link. Below this, a message box contains an email confirmation from EUSSupport@cgi.com, stating that the user has successfully registered and providing account information and login instructions. Below the message box, a progress bar shows four steps: "Step 1 User Security", "Step 2 User Info", "Step 3 User Identity", and "Final Complete". Below the progress bar, a message box says "Congratulations, your account has been successfully created." and lists instructions for different user roles. At the bottom, there is a "Continue To Homepage" button.

Identity & Access Management System [Help](#)

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

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

Congratulations, you have successfully registered as a user of the I&A system.

Please note your account information:

Name:
User ID:
Date of Registration:

You can login using the following link: <https://npes7.cms.cmsval/IAWeb/login.do>.

Systems that currently accept I&A log in credentials:
Internet-based PECOS (<https://pecos.cms.hhs.gov>)
EHR Incentive Program (<https://ehrincentives.cms.gov>)

Please 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
PO Box 792750
San Antonio, TX 78279
1-866-484-8049
EUSSupport@cgi.com

User Registration - User Information

Step 1 User Security Step 2 User Info Step 3 User Identity Final Complete

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 will need to ask an Authorized Official or Delegated Official associated with your employer to invite you to work on the behalf of the employer.

[Continue To Homepage](#)

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, the CMS logo and 'Centers for Medicare & Medicaid Services' are displayed, along with 'Logged' and 'Sign Out' links. Below the header, the 'Identity & Access Management System' title is shown with a 'Help' link. The main content area has three tabs: 'Home', 'My Profile', and 'My Connections'. The 'Home' tab is active, displaying a welcome message and instructions for users. It asks if the user is an individual provider, responsible for an organization, or none of the above. A 'News & Alerts' box on the right contains EUS contact information. Below the instructions, there are four resource boxes: 'Quick Reference Guide' (PDF), 'Video: How to Create an Account', 'Video: How to register as an Authorized Official for your Organization', and 'Frequently Asked Questions' (PDF). The 'Video: How to Create an Account' and 'Video: How to register as an Authorized Official for your Organization' boxes also include video icons and descriptions.

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

CMS Centers for Medicare & Medicaid Services Logged Sign Out

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:

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

CMS Centers for Medicare & Medicaid Services Logged Sign Out

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
<input type="radio"/> John Doe				View NPI(s)	View Other Name(s)

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

The screenshot shows the CMS Identity & Access Management System interface. At the top, it says "CMS Centers for Medicare & Medicaid Services" and "Logged in as karen2013 Sign Out". Below this is the "Identity & Access Management System" header with a "Help" link. The main navigation bar includes "Home", "My Profile", and "My Connections". The "My Profile" tab is selected, and the "Add Employer Search" link is highlighted. A "Back to Previous Page" link is also present. The search section contains fields for "Organization Name", "NPI", "First Name", "Last Name", "City", "State" (a dropdown menu), and "ZIP". A "Search" button is located to the right of the "Organization Name" and "NPI" fields. Below the search fields, there is a "Search Results" section with a table. The table has columns for "Name", "Doing Business As", "NPI", "Address", "View NPI", and "View Other Name". One result is shown for "John Doe" with buttons for "View NPI(s)" and "View Other Name(s)". Below the table, there is an "Important Note" box stating that if the user is not the Authorized Official or Delegated Official, they should stop the registration process. Below the note, there is a section for identifying the contact e-mail address, with options to "Use My Primary E-mail Address" (checked) or "Enter Employer E-mail Address" (with a "Confirm E-mail Address" field). There is also a "Validate Employer E-mail Address" checkbox. Below this, there is a section for selecting the role for the employer, with a dropdown menu showing "Authorized Official (signatory for your organization authorized to legally bind the organization in agreements)" and "Delegated Official (managing users, updating account information for your provider/organization)". A red arrow points to the dropdown menu. At the bottom, there is a "Submit" button and a "Cancel" link. A note at the bottom states: "If your employer information does not exist, please select 'Add Employer Not in List'." and an "Add Employer Not in List" button.

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**.



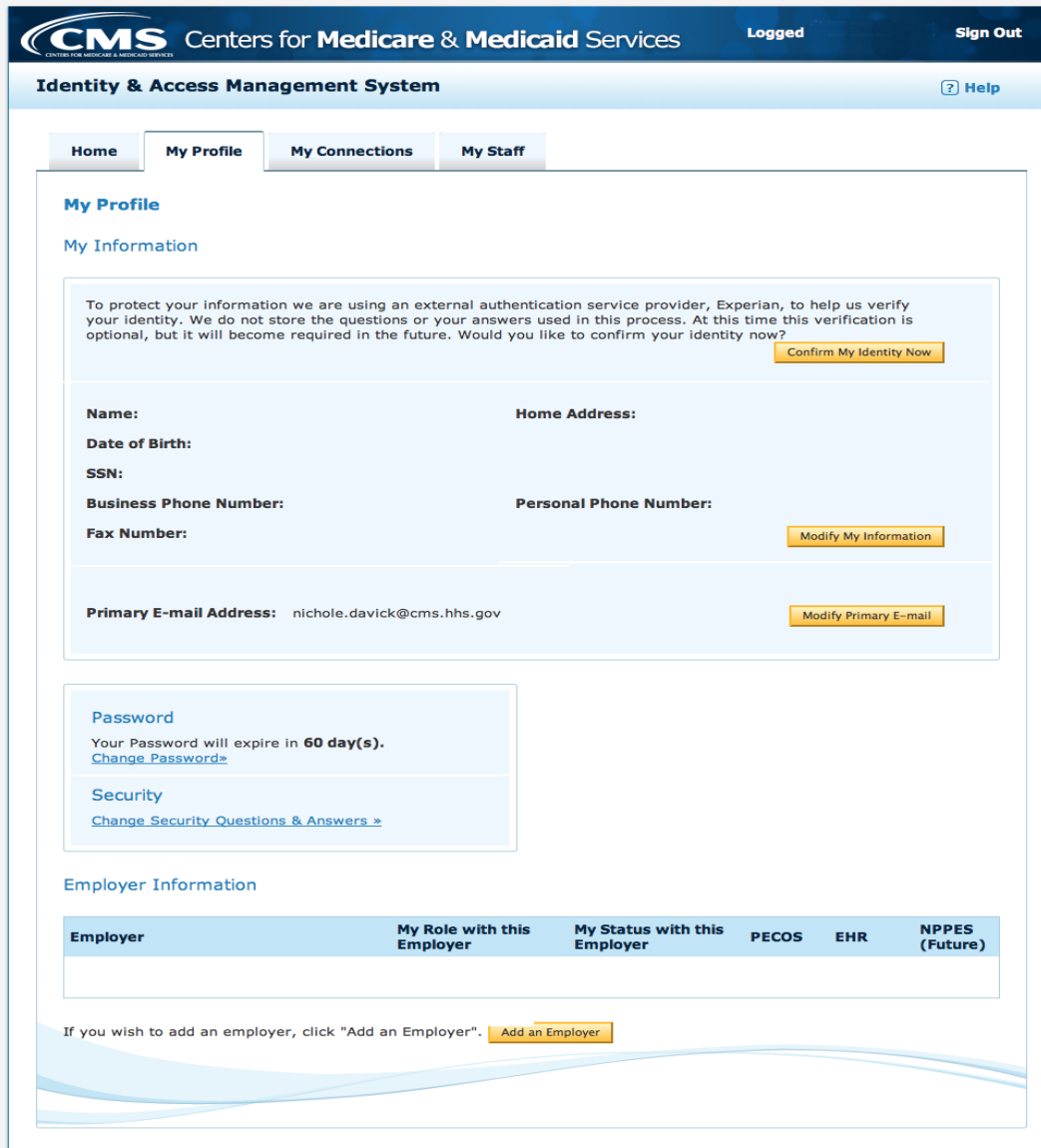
TIPS

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	NPPE (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. The top navigation bar includes the CMS logo, 'Centers for Medicare & Medicaid Services', 'Logged', and 'Sign Out'. Below this is the 'Identity & Access Management System' header with a 'Help' link. The main content area has tabs for 'Home', 'My Profile', 'My Connections', and 'My Staff'. The 'Home' tab is active, showing 'My Pending Connections'. A message states: 'These are Pending Connection requests that have been sent to you or your organization and require your action to approve or reject.' Below this, a yellow box indicates 'Total Pending Providers: 1'. A list of pending requests is shown with a checkbox for 'Pending Requests'. For each request, there are 'Approve' and 'Reject' buttons. A red arrow points to the 'Approve' button. At the bottom, a yellow box shows 'Total Pending Surrogates: 0'. On the right, the 'News & Alerts' section contains 'EUS Contact Information' for External User Services (EUS), including address, phone, TTY, and email. Below this is the '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.



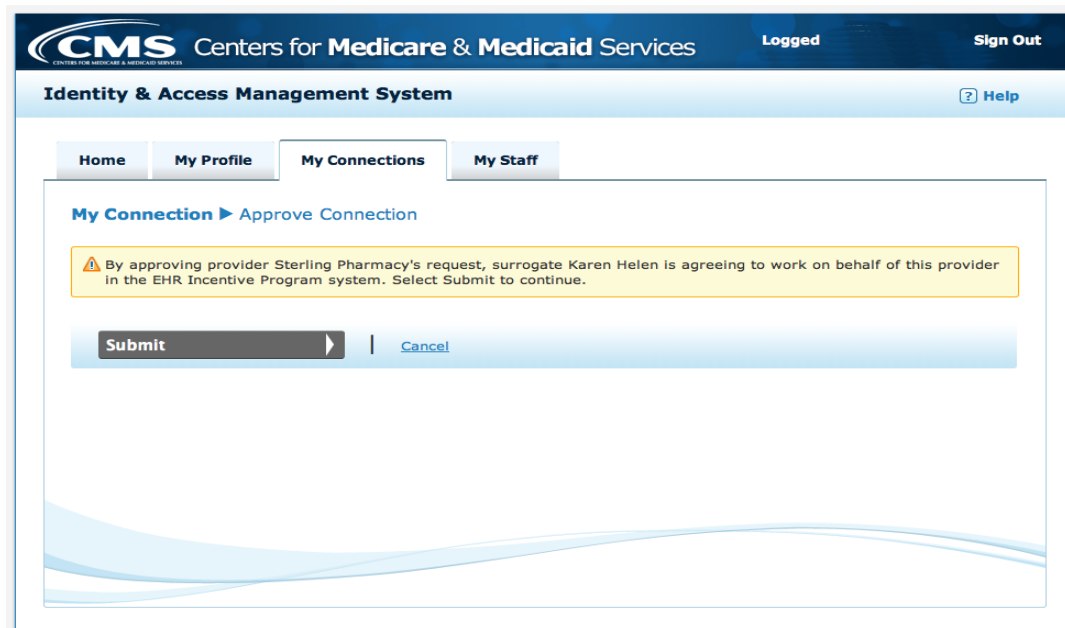
TIPS

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



The screenshot shows the CMS Identity & Access Management System interface. At the top, the CMS logo and 'Centers for Medicare & Medicaid Services' are displayed, along with 'Logged' and 'Sign Out' links. Below this is the 'Identity & Access Management System' header with a 'Help' link. The main navigation bar includes 'Home', 'My Profile', 'My Connections', and 'My Staff'. The 'My Connections' tab is active, showing a 'My Connection' section with a sub-header 'Approve Connection'. A yellow warning box contains the text: 'By approving provider Sterling Pharmacy's request, surrogate Karen Helen is agreeing to work on behalf of this provider in the EHR Incentive Program system. Select Submit to continue.' Below the warning box are 'Submit' and 'Cancel' buttons.

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”.

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

Welcome [Name], 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: [Dropdown]

Enter 6-10 Character CCN: [Text Box] [Clear Filter]

Displaying records 1 - 3 of 3 found [Navigation Icons] Records Per Page: 5 [Dropdown] [Apply]

Name	Tax Identifier	CMS Certification Number (CCN)	Medicare Attestation Status	Program Year	Payment Year	Action
JOHN DOE	XX-XXXXXX	XXXXXX				Not Available
JOHN DOE	XX-XXXXXX	XXXXXX	Locked For Payment	2013	2	View
JOHN DOE	XX-XXXXXX	XXXXXX	Payment Issued	2012	1	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

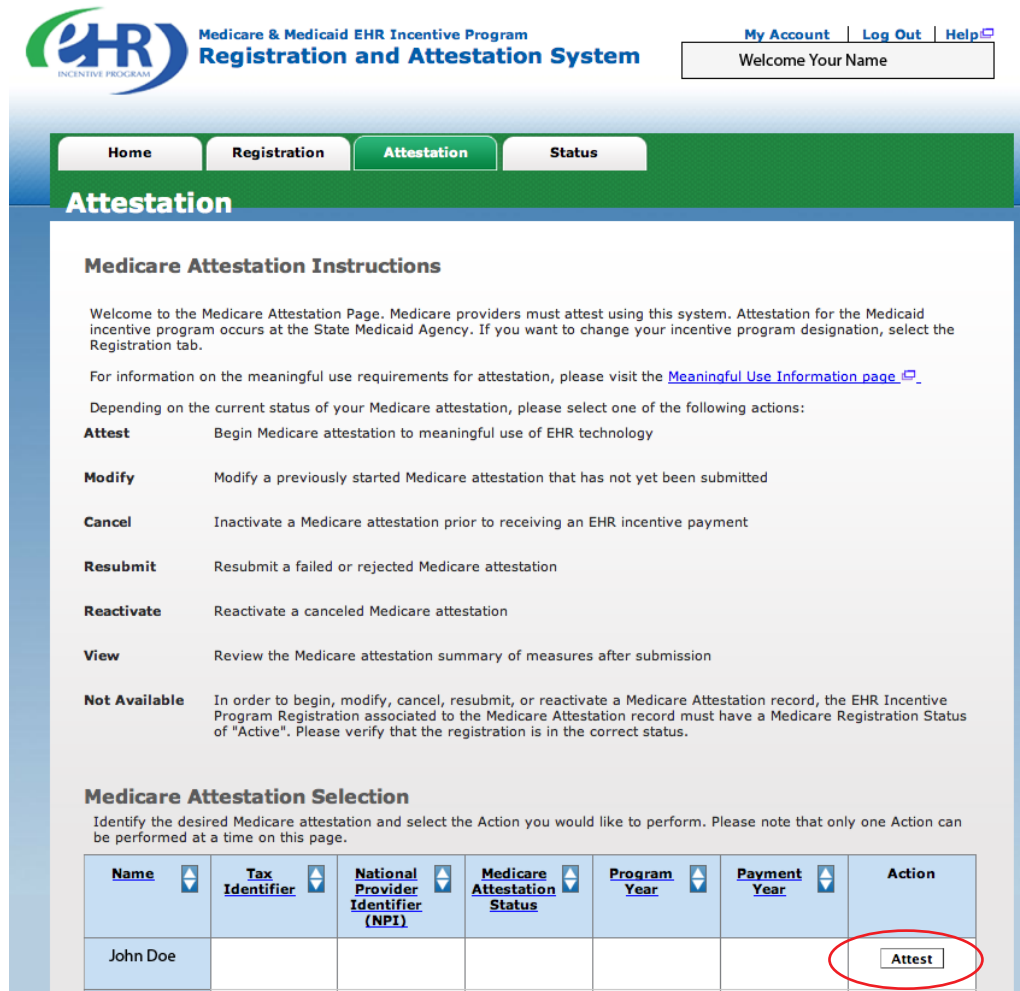
The Welcome screen consists of four tabs to navigate through the registration and attestation process

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.

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

My Account | Log Out | Help

Welcome Your Name

Home | Registration | **Attestation** | Status

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. The Alternate Core Clinical Quality Measures (CQM) topic is only required when a Core CQM has a denominator of zero. Select the **TOPIC** and provide the required information. The system will show when each **TOPIC** is completed.

1	Attestation Information	Topic Pending
2	Meaningful Use Core Measures	Topic Pending
3	Meaningful Use Menu Measures	Topic Pending
4	Clinical Quality Measures	Topic Pending
5	Alternate Core Clinical Quality Measures	N/A
6	Additional Clinical Quality Measures	Topic Pending

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](#)

STEPS

Click on

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

TIPS

TOPICS PROGRESS

There are six topics that are required for attestation

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”**

1

2

3

4

5

6

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:

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 to the next page.

Previous | **Save & Continue**

Web Policies & Important Links | CMS.gov | Accessibility

Attestation Information

You have been identified as a Hospital-Based Eligible Professional for this EHR Reporting Period. You are not eligible to participate in the Medicare EHR Incentive Program for this EHR Reporting Period.

(*) Red asterisk indicates a required field.

Name: John B.
TIN:

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:
A minimum of 90 days must be specified for your first meaningful use attestation. Please enter your EHR Reporting Period within the same calendar year.

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

Save & Continue | Previous

STEPS

Enter your CMS EHR Certification Number

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

Click on **Save & Continue**

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



TIPS

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

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

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

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

TOPICS PROGRESS

This is the first of six topics required for attestation

1

2

3

4

5

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Step 7 –

Meaningful Use Core Measures Questionnaire (1 of 15)

Read the objective and measure and respond as appropriate.

The screenshot shows the 'Meaningful Use Core Measures' questionnaire interface. At the top, there are tabs for 'Home', 'Registration', 'Attestation' (selected), and 'Status'. The title 'Meaningful Use Core Measures' is displayed in a green header. Below this, the section is titled 'Questionnaire: (1 of 15)'. A note states: '(*) Red asterisk indicates a required field.' On the right, there is a yellow box for 'Tax Identifier: NPI: Program Year:'. The main content area includes an 'Objective' section, a 'Measures' section with radio button options, an 'EXCLUSION' section with a question 'Does this exclusion apply to you?' (with 'No' selected), and a 'PATIENT RECORDS' section with two radio button options. Below these are fields for 'Numerator' and 'Denominator'. At the bottom, there are buttons for 'Previous', 'Return to Attestation Progress', and 'Save & Continue' (highlighted with a red circle). A lightbulb icon is visible on the left side of the page.

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

1

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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 Your Name

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

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

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

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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 Your Name

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: [Meaningful Use Measure Specification 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](#)

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

[CMS.gov](#) | [Accessibility](#) | [File Formats and Plugins](#)

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

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)

HomeRegistrationAttestationStatus

Meaningful Use Core Measures

Questionnaire: (4 of 15)

(*) Red asterisk indicates a required field.

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 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.

Previous

Return to Attestation Progress

Save & Continue

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

Medicare EHR Incentive Program User Guide – Page 30

[Back to the Table of Contents](#)

Step 11 –

Meaningful Use Core Measures Questionnaire (5 of 15)

Medicare & Medicaid EHR Incentive Program
Registration and Attestation System

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

Welcome Your Name

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

Meaningful Use Core Measures

Questionnaire: (5 of 15)
(*) Red asterisk indicates a required field.

Objective: Maintain active medication list.

Measure: 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.

Complete the following information:

Numerator Number of patients in the denominator who have a medication (or an indication that the patient is not currently prescribed any medication) recorded as structured data.

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

*Numerator: *Denominator:

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

[Web Policies & Important Links](#) | [Department of Health & Human Services](#)
[CMS.gov](#) | [Accessibility](#) | [File Formats and Plugins](#)

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

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

TOPICS PROGRESS

This is the second of six topics required for attestation

Numerator and Denominator must be whole numbers

Click on Help for additional guidance to navigate the system

The Help link is on every page

1

2

4

5

6

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

Questionnaire: (6 of 15)
(*) Red asterisk indicates a required field.

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: [Meaningful Use Measure Specification 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](#)

Your Name
Tax Identifier:
NPI:
Program Year:

STEPS

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

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

Questionnaire: (7 of 15)
(*) Red asterisk indicates a required field.

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: [Meaningful Use Measure Specification 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](#)

Your Name
Tax Identifier:
NPI:
Program Year:

STEPS

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

TOPICS PROGRESS

This is the second of six topics required for attestation

1

2

3

4

5

6

Step 14 –

Meaningful Use Core Measures Questionnaire (8 of 15)

HomeRegistrationAttestationStatus

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.

Measures:

*Please select one of the following:

☒ 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.
 OR
 ☐ 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.

Tax Identifier:
NPI:
Program Year:

EXCLUSION 1 – Based on ALL patient records: An EP who sees no patients 2 years or older 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 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 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 patients in the denominator who have at least one entry of their height, weight and blood pressure are recorded as structured data.

Denominator

Number of unique patients age 2 or over 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 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.

Previous

Return to Attestation Progress

Save & Continue

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

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6

Medicare EHR Incentive Program User Guide – Page 33

[Back to the Table of Contents](#)

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 Your Name

Home | Registration | **Attestation** | Status

Meaningful Use Core Measures

Questionnaire: (9 of 15)
(*) Red asterisk indicates a required field.

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:** ***Denominator:**

For additional information: [Meaningful Use Measure Specification 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

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



TIPS

TOPICS PROGRESS

This is the second of six topics required for 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

1

2

3

4

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6

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

Medicare & Medicaid EHR Incentive Program
Registration and Attestation System

My Account | Log Out | Help

Welcome

Home | Registration | **Attestation** | Status

Meaningful Use Core Measures

NOTE: This Objective has been deleted from the attestation process for 2013 and subsequent program years. Please select the Continue button to proceed to the next Objective.

Questionnaire: (10 of 15)

(*) Red asterisk indicates a required field.

Objective: Report ambulatory clinical quality measures to CMS.

Measure: Successfully report to CMS ambulatory clinical quality measures selected by CMS in the manner specified by the CMS.

Complete the following information:

*I will submit Clinical Quality Measures?

☐ Yes ☐ No

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

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 **Continue** button to proceed.

[Previous](#) [Return to Attestation Progress](#) [Continue](#)

STEPS

CQM reporting has been removed as a core measure

Click **Save & Continue**

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

Home | Registration | **Attestation** | Status

Meaningful Use Core Measures

Questionnaire: (11 of 15)

(*) Red asterisk indicates a required field.

Objective: Implement one clinical decision support rule relevant to specialty or high clinical priority along with the ability to track compliance to that rule.

Measure: Implement one clinical decision support rule.

Complete the following information:

*Have you implemented one clinical decision support rule relevant to specialty or high clinical priority along with the ability to track compliance to that rule?

☒ Yes ☐ No

For additional information: [Meaningful Use Measure Specification 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

Select Yes or No

Click **Save & Continue**



TIPS

TOPICS PROGRESS

This is the second of six topics required for attestation

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

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

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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 Your Name

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

Meaningful Use Core Measures

Questionnaire: (12 of 15)
(*) Red asterisk indicates a required field.

Objective: Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, medication allergies), upon request.

Measure: More than 50 percent of all patients who request an electronic copy of their health information are provided it within 3 business days.

EXCLUSION - Based on ALL patient records: An EP who has no requests from patients or their agents for an electronic copy of patient health information 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 patients in the denominator who receive an electronic copy of their electronic health information within three business days.

Denominator Number of patients of the EP who request an electronic copy of their electronic health information four business days prior to the end of the EHR reporting period.

*Numerator: *Denominator:

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

[Web Policies & Important Links](#) | [Department of Health & Human Services](#)

[CMS.gov](#) | [Accessibility](#) | [File Formats and Plugins](#)

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

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)

The screenshot shows the Medicare & Medicaid EHR Incentive Program Registration and Attestation System interface. At the top, there is a navigation bar with 'Home', 'Registration', 'Attestation' (highlighted), and 'Status'. Below this is a green banner with the text 'Meaningful Use Core Measures'. The main content area is titled 'Questionnaire: (13 of 15)' and includes a note: '(*) Red asterisk indicates a required field.' The 'Objective' is: 'Provide clinical summaries for patients for each office visit.' The 'Measure' is: 'Clinical summaries provided to patients for more than 50% of all office visits within 3 business days.' An 'EXCLUSION' section states: '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.' A question asks: '*Does this exclusion apply to you?' with radio buttons for 'Yes' and 'No' (selected). Below this, a section for '*PATIENT RECORDS' asks to select whether data was extracted from ALL patient records or only from certified EHR technology. Two options are shown: 'This data was extracted from ALL patient records not just those maintained using certified EHR technology.' (selected) and 'This data was extracted only from patient records maintained using certified EHR technology.' Below this, it says 'Complete the following information:' followed by 'Numerator' and 'Denominator' fields. The 'Numerator' field is empty and the 'Denominator' field is empty. A red arrow points to the 'Denominator' field. At the bottom, there are three buttons: 'Previous', 'Return to Attestation Progress', and 'Save & Continue' (circled in red). A CMS logo is visible in the bottom right corner.

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

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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 **Save & Continue**

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

STEPS

Select Yes or No.

Click **Save & Continue**



TIPS

TOPICS PROGRESS

This is the second of six topics required for attestation

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

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

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Step 22 – Meaningful Use Menu Measures Questionnaire

QUESTIONNAIRE





Medicare & Medicaid EHR Incentive Program
Registration and Attestation System

[My Account](#) | [Log Out](#) | [Help](#)
Welcome Your Name

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:

Your Name
Tax Identifier:
NPI:
Program Year:

Objective	Measure	Select
Capability to submit electronic data to immunization registries or immunization information systems and actual submission in accordance with 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 in accordance with 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
Implemented 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 type="checkbox"/>
Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, 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 the EHR reporting period.	<input checked="" type="checkbox"/>
Provide patients with timely electronic access to their health information (including lab results, problem list, medication lists and allergies) within 4 business days of the information being available to the EP.	At least 10% of all unique patients seen by the EP are provided timely (available to the patient within four business days of being updated in the certified EHR technology) electronic access to their health information subject to the EPs discretion to withhold certain information.	<input type="checkbox"/>
Use certified EHR technology to identify patient-specific education resources and provide those resources to the patient if appropriate.	More than 10% of all unique patients seen by the EP during the EHR reporting period are provided patient-specific education resources.	<input checked="" type="checkbox"/>
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.	The EP performs medication reconciliation for more than 50% of transitions of care in which the patient is transitioned into the care of the EP.	<input type="checkbox"/>
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.	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.	<input type="checkbox"/>

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 and up to two (2) from the Public Health list and the remainder from the list below it

Click **Save & Continue**

TIPS

TOPICS PROGRESS

This is the third of six topics required for attestation

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

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Step 23 – Review of the ten Meaningful Use Measures

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

Objective	Measure	Select
You must submit at least one Meaningful Use Menu Measure from the public health list even if an Exclusion applies to both:		
Objective	Measure	Select
Capability to submit electronic data to immunization registries or immunization information systems and actual submission in accordance with 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"/>

MEASURES

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

HomeRegistrationAttestationStatus

Meaningful Use Menu Measures

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

Objective: Capability to submit electronic data to immunization registries or immunization information systems and actual submission in accordance with 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: [Meaningful Use Measure Specification Page](#)

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

Your Name
Tax Identifier:
NPI:
Program Year:



TIPS

TOPICS PROGRESS

This is the third of six topics required for attestation

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

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

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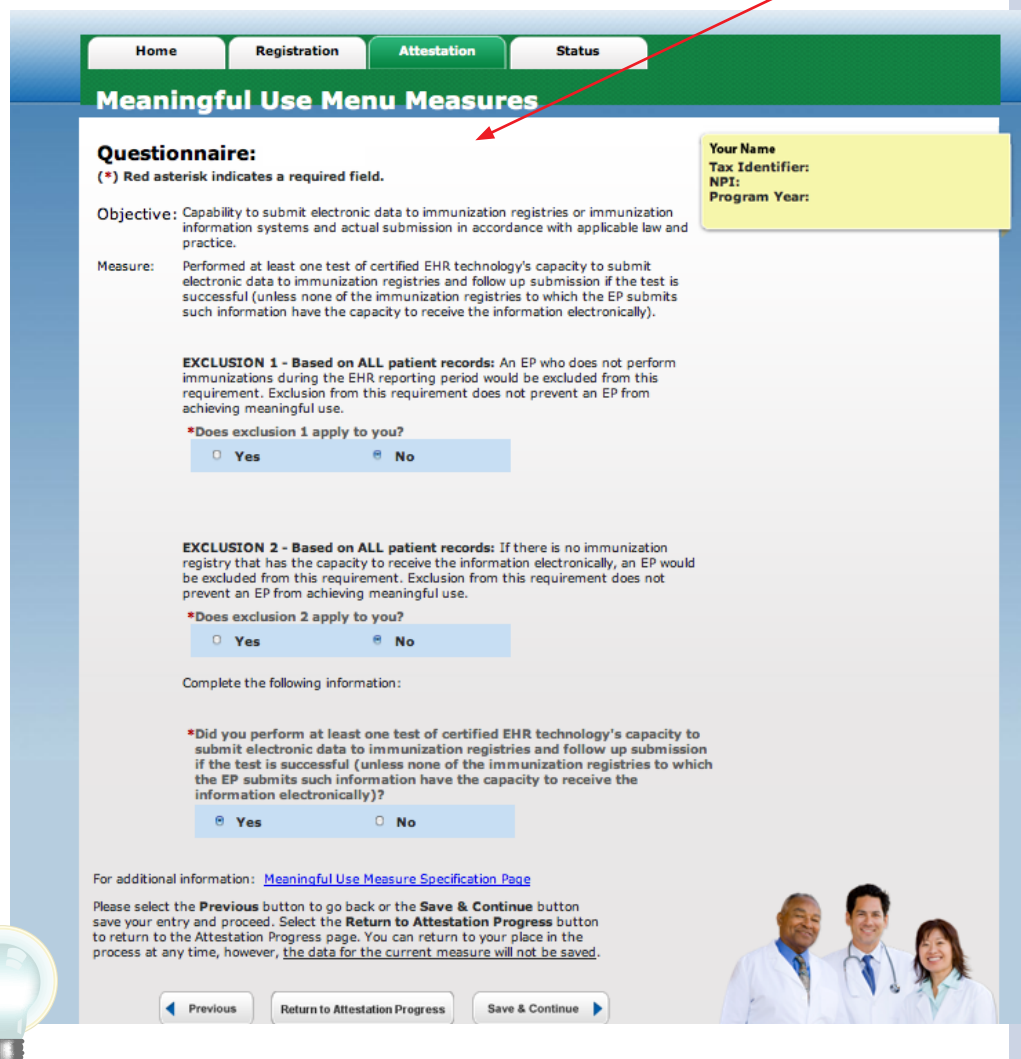
Step 23 – Review of the ten Meaningful Use Measures (cont.)

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

Objective	Measure	Select
Capability to submit electronic syndromic surveillance data to public health agencies and actual submission in accordance with 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).	

MEASURES

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




TIPS

TOPICS PROGRESS

This is the third of six topics required for attestation

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

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

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

Menu Measure Objectives (3 of 10)

Objective	Measure	Select
Implemented 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"/>

MEASURES

Complete the questions for the 5 measures you selected

Click **Save & Continue**

Home **Registration** **Attestation** **Status**

Meaningful Use Menu Measures

Question
(*) Red asterisk indicates a required field.

Objective: Implemented 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: [Meaningful Use Measure Specification Page](#)

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](#)

TIPS

TOPICS PROGRESS

This is the third of six topics required for attestation

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

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

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

Menu Measure Objectives (4 of 10)

Objective	Measure	Select
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"/>

MEASURES

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

HomeRegistrationAttestationStatus

Meaningful Use Menu Measures

Questionnaire:
(*) 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:** ***Denominator:**

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

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 questionnaire at any time, however, the data for the current measure will not be saved.

PreviousReturn to Attestation ProgressSave & Continue

Your Name

Tax Identifier:

NPI:

Program Year:

TIPS

This is the third of six topics required for attestation

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

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

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

Menu Measure Objectives (5 of 10)

Objective	Measure	Select
Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, or outreach.	Generate at least one report listing patients of the EP with a specific condition.	<input checked="" type="checkbox"/>

MEASURES

Complete the questions for the 5 measures you selected

Click **Save & Continue**

Home **Registration** **Attestation** **Status**

Meaningful Use Menu Measures

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

Objective: Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, 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

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

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](#)

TIPS

TOPICS PROGRESS

This is the third of six topics required for attestation

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

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

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

Additional Menu Measure Objectives (6 of 10)

Objective	Measure	Select
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 the EHR reporting period.	<input type="checkbox"/>

MEASURES

Complete the questions for the 5 measures you selected

Click **Save & Continue**

Questionnaire:
(*) 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: [Meaningful Use Measure Specification Page](#)

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

TIPS

TOPICS PROGRESS

This is the third of six topics required for attestation

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

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

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

Additional Menu Measure Objective (7 of 10)

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

MEASURES

Complete the questions for the 5 measures you selected

Click **Save & Continue**

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

Objective: Provide patients with timely electronic access to their health information (including lab results, problem list, medication lists and allergies) within 4 business days of the information being available to the EP.

Measure: At least 10% of all unique patients seen by the EP are provided timely (available to the patient within four business days of being updated in the certified EHR technology) electronic access to their health information subject to the EPs discretion to withhold certain information.

EXCLUSION - Based on ALL patient records: Any EP who neither orders nor creates lab tests or information that would be contained in the problem list, medication list, or medication allergy list 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 patients in the denominator who have timely (available to the patient within four business days of being updated in the certified EHR technology) electronic access to their health information online.

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

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

For additional information: [Meaningful Use Measure Specification 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.

TIPS

TOPICS PROGRESS

This is the third of six topics required for attestation

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

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

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

Additional Menu Measure Objectives (8 of 10)

Objective	Measure	Select
Use certified EHR technology to identify patient-specific education resources and provide those resources to the patient if appropriate.	More than 10% of all unique patients seen by the EP during the EHR reporting period are provided patient-specific education resources.	<input checked="" type="checkbox"/>

Home **Registration** **Attestation** **Status**

Meaningful Use Menu Measures

Questionnaire:
(*) 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: [Meaningful Use Measure Specification Page](#)

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](#)

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



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

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

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

MEASURES

Complete the questions for the 5 measures you selected

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

Click **Save & Continue**

TOPICS PROGRESS

This is the third of six topics required for attestation

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

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

Additional Menu Measure Objectives (9 of 10)

Objective	Measure	Select
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.	The EP performs medication reconciliation for more than 50% of transitions of care in which the patient is transitioned into the care of the EP.	<input checked="" type="checkbox"/>

MEASURES

Complete the questions for the 5 measures you selected

Click **Save & Continue**

HomeRegistrationAttestationStatus

Meaningful Use Menu Measures

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

Your Name
Tax Identifier:
NPI:
Program Year:

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% 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: [Meaningful Use Measure Specification 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 questionnaire any time, however, the data for the current measure will not be saved.

Previous

Return to Attestation Progress

Save & Continue

TIPS

TOPICS PROGRESS

This is the third of six topics required for attestation

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

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

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

Additional Menu Measure Objectives (10 of 10)

Objective	Measure	Select
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.	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.	<input checked="" type="checkbox"/>

MEASURES

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

HomeRegistrationAttestationStatus

Meaningful Use Menu Measures

Questionnaire:
(*) 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: [Meaningful Use Measure Specification 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 questionnaire at any time, however, the data for the current measure will not be saved.

Your Name

Tax Identifier:

NPI:

Program Year:

TIPS

TOPICS PROGRESS

This is the third of six topics required for attestation

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

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

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Step 24 – Clinical quality measures (CQM) – eReporting option

The image shows two screenshots of the Medicare EHR Incentive Program user interface. The top screenshot is the 'Clinical Quality Measures' page under the 'Attestation' tab. It features a 'eReporting' section with a question: 'Are you planning to participate in the Physician Quality Reporting System-Medicare EHR Incentive Pilot for 2012?'. There are 'Yes' and 'No' radio buttons. Below this, there is explanatory text about electronic submission and a link to the 'Clinical Quality Measure Specification Page' (highlighted with a red arrow). At the bottom, there are three buttons: 'Previous', 'Return to Attestation Progress', and 'Save & Continue' (circled in red). The bottom screenshot is the 'Attestation Progress' page. It shows a 'Reason for Attestation' section and a 'Topics' list. The topics are: 1. Attestation Information (Completed), 2. Meaningful Use Core Measures (Completed), 3. Meaningful Use Menu Measures (Completed), and 4. Clinical Quality Measures (Electronic Reporting Program). At the bottom, there is a 'Continue with Attestation' button (circled in red).

STEPS

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

The reporting period for CQMs submitted electronically will be the entire calendar year

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

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

Click **Continue With Attestation**



TIP

TOPICS PROGRESS

This is the third of six topics required for attestation

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

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

Step 25 – Core Clinical Quality Measures (CQMs 1 of 3)

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

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

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

My Account | Log Out | Help

Welcome

Home | Registration | **Attestation** | Status

Clinical Quality Measures

Questionnaire: (1 of 3)

(*) Red asterisk indicates a required field.

Instructions: All three Core Clinical Quality Measures must be submitted. For each Core Clinical Quality Measure that has a denominator of zero, an Alternate Core Clinical Quality Measure must also be submitted.

NQP 0013

Title: Hypertension: Blood Pressure Measurement

Description: Percentage of patient visits for patients aged 18 years and older with a diagnosis of hypertension who has been seen for at least 2 office visits, with blood pressure(BP) recorded.

Complete the following information:

*Denominator:	*Numerator:	*Performance Rate:
<input type="text"/>	<input type="text"/>	0.0 %

For CQM field descriptions: [Help](#)

For additional information: [Clinical Quality Measure Specification 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 Attestation Progress page. You can return to your place in the process at any time, the data for the current measure will not be saved.

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

STEPS

Enter Clinical Quality Measure 1 of 3

Enter Denominator, Numerator, and Performance Rate.

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

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

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

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4

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Step 26 – Core Clinical Quality Measures (CQMs 2 of 3)



Medicare & Medicaid EHR Incentive Program
Registration and Attestation System

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

Welcome

[Home](#)

[Registration](#)

[Attestation](#)

[Status](#)

Clinical Quality Measures

Questionnaire: (2 of 3)

(*) Red asterisk indicates a required field.

Instructions: All three Core Clinical Quality Measures must be submitted. For each Core Clinical Quality Measure that has a denominator of zero, an Alternate Core Clinical Quality Measure must also be submitted.

NQF 0028

Title: Preventive Care and Screening Measure Pair

Description:

a. Tobacco Use Assessment
Percentage of patients aged 18 years and older who have been seen for at least 2 office visits who were queried about tobacco use one or more times within 24 months.

b. Tobacco Cessation Intervention
Percentage of patients aged 18 years and older identified as tobacco users within the past 24 months and have been seen for at least 2 office visits, who received cessation intervention.

Tax Identifier:
NPI:
Program Year:

Complete the following information (Tobacco Use Assessment):

*Denominator: *Numerator: *Performance Rate:

0.0 %

Complete the following information (Tobacco Cessation Intervention):

*Denominator: *Numerator: *Performance Rate:

0.0 %

For CQM field descriptions: [Help](#)

For additional information: [Clinical Quality Measure Specification 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, the data for the current measure will not be saved.

[Previous](#)

[Return to Attestation Progress](#)

[Save & Continue](#)



STEPS

Enter Clinical Quality Measure 2 of 3

Enter Denominator, Numerator, and Performance Rate.

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

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

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

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Step 27 – Core Clinical Quality Measures (CQMs 3 of 3)

STEPS

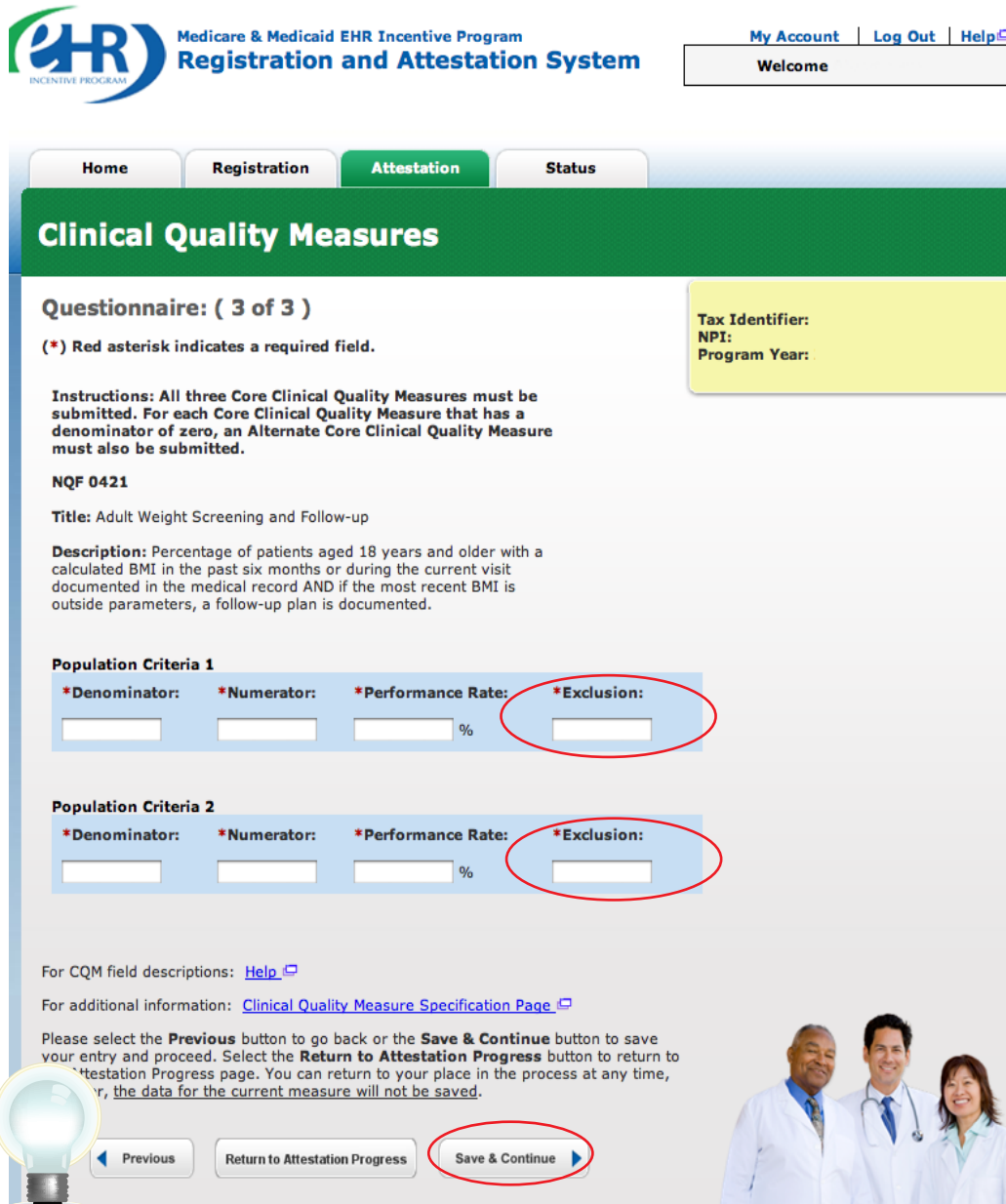
Enter Clinical Quality Measure 3 of 3

Enter Denominator, Numerator, Performance Rate and Exclusion.

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

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

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



Medicare & Medicaid EHR Incentive Program Registration and Attestation System

My Account | Log Out | Help

Welcome

Home | Registration | **Attestation** | Status

Clinical Quality Measures

Questionnaire: (3 of 3)

(*) Red asterisk indicates a required field.

Instructions: All three Core Clinical Quality Measures must be submitted. For each Core Clinical Quality Measure that has a denominator of zero, an Alternate Core Clinical Quality Measure must also be submitted.

NQF 0421

Title: Adult Weight Screening and Follow-up

Description: Percentage of patients aged 18 years and older with a calculated BMI in the past six months or during the current visit documented in the medical record AND if the most recent BMI is outside parameters, a follow-up plan is documented.

Population Criteria 1

*Denominator: *Numerator: *Performance Rate: *Exclusion:

Population Criteria 2

*Denominator: *Numerator: *Performance Rate: *Exclusion:

For CQM field descriptions: [Help](#)

For additional information: [Clinical Quality Measure Specification 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, or, the data for the current measure will not be saved.

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

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

2

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6

Step 28 – Alternate Clinical Quality Measures (CQMs)

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

My Account | Log Out | Help

Welcome Your Name

Home | Registration | **Attestation** | Status

Alternate Clinical Quality Measures

Questionnaire

Instructions:

You have entered a denominator of zero for all of your Core Clinical Quality Measures. You must submit all of the Alternate Core Clinical Quality Measures from the list below.

Please select all of the Alternate Clinical Quality Measures from the list below.

Note: An Alternate Clinical Quality Measure with a denominator of zero should only be selected if the remaining Alternate Clinical Quality Measures do not have a denominator value greater than zero.

Measure #	Title	Description	Selection
NQF 0024	Title: Weight Assessment and Counseling for Children and Adolescents	Description: Percentage of patients 2 -17 years of age who had an outpatient visit with a Primary Care Physician (PCP) or OB/GYN and who had evidence of BMI percentile documentation, counseling for nutrition and counseling for physical activity during the measurement year.	<input checked="" type="checkbox"/>
NQF 0041	Title: Preventive Care and Screening: Influenza Immunization for Patients greater than or equal to 50 Years Old	Description: Percentage of patients aged 50 years and older who received an influenza immunization during the flu season (September through February).	<input checked="" type="checkbox"/>
NQF 0038	Title: Childhood Immunization Status	Description: Percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); two H influenza type B (HiB); three hepatitis B (Hep B); one chicken pox (VZV); four pneumococcal conjugate (PCV); two hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. The measure calculates a rate for each vaccine and two separate combination rates.	<input checked="" type="checkbox"/>

For additional information: [Clinical Quality 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.

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

STEPS

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

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



TIPS

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

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

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

TOPICS PROGRESS

This is the fifth of six topics required for attestation

1

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3

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6

Step 29 – Alternate Clinical Quality Measures – Questionnaire



Medicare & Medicaid EHR Incentive Program
Registration and Attestation System

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

Welcome

[Home](#)

[Registration](#)

[Attestation](#)

[Status](#)

Alternate Clinical Quality Measures

Questionnaire: (1 of 2)

(*) Red asterisk indicates a required field.

NQF 0024

Tax Identifier: :
NPI:
Program Year:

Title: Weight Assessment and Counseling for Children and Adolescents

Description: Percentage of patients 2 -17 years of age who had an outpatient visit with a Primary Care Physician (PCP) or OB/GYN and who had evidence of BMI percentile documentation, counseling for nutrition and counseling for physical activity during the measurement year.

Population Criteria 1

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

Population Criteria 2

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

Population Criteria 3

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

For CQM field descriptions: [Help](#)

For additional information: [Clinical Quality 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.

[Previous](#)

[Return to Attestation Progress](#)

[Save & Continue](#)

STEPS

Enter Denominator, Numerator, and Performance Rate for each population criteria.

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

Click **Save & Continue**



TIPS

TOPICS PROGRESS

This is the fifth of six topics required for attestation

All fields must be completed

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

1

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4

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6

Step 29 – Alternate Clinical Quality Measures (cont.)



Medicare & Medicaid EHR Incentive Program
Registration and Attestation System

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

Welcome

[Home](#)

[Registration](#)

[Attestation](#)

[Status](#)

Alternate Clinical Quality Measures

Questionnaire: (1 of 2)

(*) Red asterisk indicates a required field.

NQF 0041

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

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

Complete the following information:

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

Tax Identifier:
NPI:
Program Year:

For CQM field descriptions: [Help](#)

For additional information: [Clinical Quality 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.

[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 Denominator,
Numerator, Performance
Rate and Exclusion.

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

Click **Save & Continue**



TIPS

TOPICS PROGRESS

*This is the fifth of six topics
required for attestation*

*All fields must be
completed*

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

1

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5

6

Step 30 – Additional Clinical Quality Measures – Questionnaire

STEPS

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

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

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

Home
Registration
Attestation
Status

Additional Clinical Quality Measures

Questionnaire

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

Deselect All

Measure #	Title	Description	Selection
NQF 0059	Title: Diabetes: Hemoglobin A1c Poor Control	Description: Percentage of patients 18-75 years of age with diabetes (type 1 or type 2) who had hemoglobin A1c > 9.0%.	<input type="checkbox"/>
NQF 0064	Title: Diabetes: Low Density Lipoprotein (LDL) Management and Control	Description: Percentage of patients 18-75 years of age with diabetes (type 1 or type 2) who had LDL-C < 100 mg/dL).	<input type="checkbox"/>
NQF 0061	Title: Diabetes: Blood Pressure Management	Description: Percentage of patients 18-75 years of age with diabetes (type 1 or type 2) who had blood pressure <140/90 mmHg.	<input type="checkbox"/>
NQF 0081	Title: Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)	Description: Percentage of patients aged 18 years and older with a diagnosis of heart failure and LVSD (LVEF < 40%) who were prescribed ACE inhibitor or ARB therapy.	<input type="checkbox"/>
NQF 0070	Title: Coronary Artery Disease (CAD): Beta-Blocker Therapy for CAD Patients with Prior Myocardial Infarction (MI)	Description: Percentage of patients aged 18 years and older with a diagnosis of CAD and prior MI who were prescribed beta-blocker therapy.	<input type="checkbox"/>
NQF 0043	Title: Pneumonia Vaccination Status for Older Adults	Description: Percentage of patients 65 years of age and older who have ever received a pneumococcal vaccine.	<input type="checkbox"/>
NQF 0031	Title: Breast Cancer Screening	Description: Percentage of women 40-69 years of age who had a mammogram to screen for breast cancer.	<input type="checkbox"/>
NQF 0034	Title: Colorectal Cancer Screening	Description: Percentage of adults 50-75 years of age who had appropriate screening for colorectal cancer.	<input type="checkbox"/>
NQF 0067	Title: Coronary Artery Disease (CAD): Oral Antiplatelet Therapy Prescribed for Patients with CAD	Description: Percentage of patients aged 18 years and older with a diagnosis of CAD who were prescribed oral antiplatelet therapy.	<input type="checkbox"/>
NQF 0083	Title: Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)	Description: Percentage of patients aged 18 years and older with a diagnosis of heart failure who also have LVSD (LVEF < 40%) and who were prescribed beta-blocker therapy.	<input type="checkbox"/>
NQF 0105	Title: Anti-depressant medication management: (a) Effective Acute Phase Treatment, (b) Effective Continuation Phase Treatment	Description: Percentage of patients 18 years of age and older who were diagnosed with a new episode of major depression, treated with antidepressant medication, and who remained on an antidepressant medication treatment.	<input type="checkbox"/>



TIPS

TOPICS PROGRESS

This is the sixth of six topics required for attestation

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

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

1

2


3

4

5

6

Step 30 – Additional Clinical Quality Measures (cont.)



Medicare & Medicaid EHR Incentive Program
Registration and Attestation System

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Welcome

Home | Registration | **Attestation** | Status

Additional Clinical Quality Measures

Questionnaire: (1 of 3)
(*) Red asterisk indicates a required field.
NQF 0047

Title: Asthma Pharmacologic Therapy
Description: Percentage of patients aged 5 through 40 years with a diagnosis of mild, moderate, or severe persistent asthma who were prescribed either the preferred long-term control medication (inhaled corticosteroid) or an acceptable alternative treatment.

Complete the following information:


(*)Denominator: (*)Numerator: (*)Performance Rate: (*)Exclusion:

%

For CQM field descriptions: [Help](#)
For additional information: [Clinical Quality 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.

Previous | Return to Attestation Progress | Save & Continue



Questionnaire: (2 of 3)
(*) Red asterisk indicates a required field.
NQF 0052
Title: Low Back Pain: Use of Imaging Studies
Description: Percentage of patients with a primary diagnosis of low back pain who did not have an imaging study (plain x-ray, MRI, CT scan) within 28 days of diagnosis.

Complete the following information:

(*)Denominator: (*)Numerator: (*)Performance Rate:

%

Questionnaire: (3 of 3)
(*) Red asterisk indicates a required field.
NQF 0075
Title: Ischemic Vascular Disease (IVD): Complete Lipid Panel and LDL Control
Description: Percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous transluminal angioplasty (PTCA) from January 1-November1 of the year prior to the measurement year, or who had a diagnosis of ischemic vascular disease (IVD) during the measurement year and the year prior to the measurement year and who had a complete lipid profile performed during the measurement year and whose LDL-C<100 mg/dL.

Complete the following information:

(*)Denominator 1: (*)Numerator 1: (*)Performance Rate 1:

%

(*)Denominator 2: (*)Numerator 2: (*)Performance Rate 2:

%

STEPS

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

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

1

2

3

4

5

6

Step 3 | - Topics for this Attestation

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

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Welcome Your Name

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. The Alternate Core Clinical Quality Measures (CQM) topic is only required when a Core CQM has a denominator of zero. Select the **TOPIC** and provide the required information. The system will show when each **TOPIC** is completed.

1	Attestation Information	Completed	▶
2	Meaningful Use Core Measures	Completed	▶
3	Meaningful Use Menu Measures	Completed	▶
4	Clinical Quality Measures	Completed	▶
5	Alternate Core Clinical Quality Measures	Completed	▶
6	Additional 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](#) | [CMS.gov](#) | [Accessibility](#)

[File Formats and Plugins](#)

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

STEPS

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

Click **Continue with Attestation** to complete the Attestation process

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

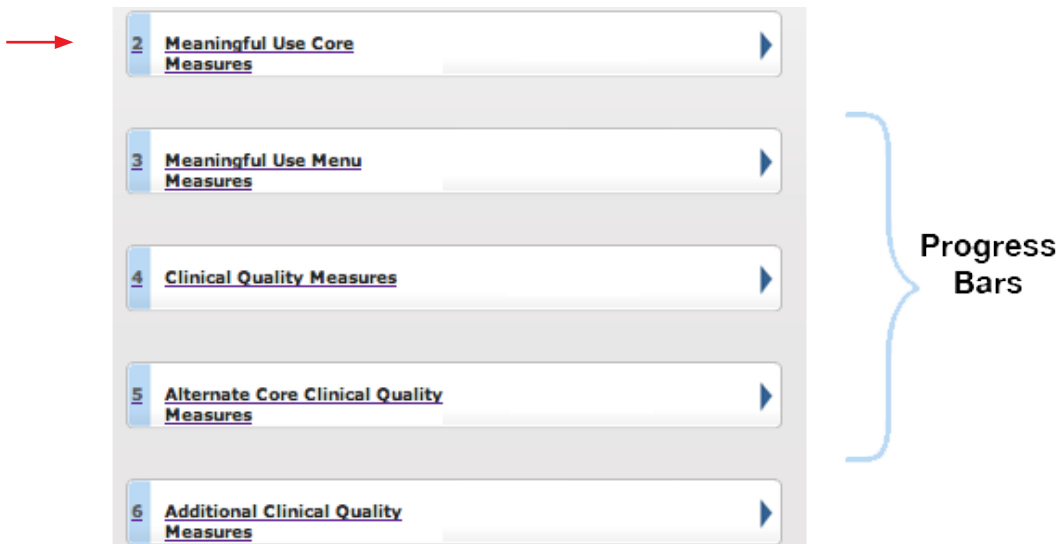


TIPS

Click on the Progress Bar to modify your Attestation

If you choose not to view the summary of measures you will navigate to step 32

Step 32 – Attestation Summary



STEPS

.....
Select the measure
Progress Bar to edit
a measure


Click **Save & Continue**

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 or an indication that no problems are known for the patient recorded as structured data.		

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: 100 *Denominator: 101

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:



TIPS

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

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

Step 32 – Attestation Summary (Cont.)



Medicare & Medicaid EHR Incentive Program
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[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	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 entry or an indication that no problems are known for the patient recorded as structured data.	Numerator = 100 Denominator = 101	Edit
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.	Numerator = 100 Denominator = 101	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	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	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	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	Edit

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.

[Previous](#)

[Next Topic](#)

[Return to Attestation Summary](#)

[Continue with Attestation](#)

STEPS

Steps click **Next** Topic to review the remaining summary of measures

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

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



TIPS

Click **Return to Attestation summary** to view the topics page

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

Step 33 – Submission Process: Attestation Statements

Medicare & Medicaid EHR Incentive Program
Registration and Attestation System

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Welcome

Home | **Registration** | **Attestation** | **Status**

Submission Process: Attestation Statements

Attestation Statements

You are about to submit your attestation for EHR Certification Number **Q000000010CAMAA**.

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**

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

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**

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.

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 34 – Attestation Disclaimer

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

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Welcome Your Name

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.

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

.....

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

Step 35 – Submission Receipt (Accepted Attestation)

Accepted Attestation
The EP demonstrates meaningful use of certified EHR technology by meeting the applicable objectives and associated measures.

- The meaningful use core measures are accepted and meet MU minimum standards.
- The meaningful use menu measures are accepted and meet MU minimum standards.
- All clinical quality measures were completed with data sufficient to meet the minimum standards.

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 mod attestation for the EHR Incentive Program.

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

Your Name
Tax Identifier:
NPI:
Program Year:

2	Meaningful Use Core Measures	Completed
3	Meaningful Use Menu Measures	Completed
4	Clinical Quality Measures	Completed
5	Alternate Core Clinical Quality Measures	Completed
6	Additional Clinical Quality Measures	Completed

Print Receipt **Review Results**

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

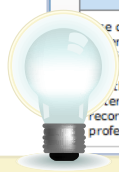
Registration Selection
Identify the desired registration and select the Action you would like to perform. Please note only one Action can be performed at a time on this page.

Filter Selection
To filter the records being displayed, please use the following:
Select a Category to Filter by:
Enter 6-10 Character CCN: **Clear Filter**

Existing registration(s):

Name	Tax Identifier	CMS Certification Number (CCN)	Incentive Type	Registration Status	Action
JOHN DOE			Medicare	Locked For Payment	Modify

Program Year: 2012



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 35 – Submission Receipt (Rejected Attestation)

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

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Submission Receipt

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.

Print Receipt **Review Results**

2	Meaningful Use Core Measures	Rejected
3	Meaningful Use Menu Measures	Completed
4	Clinical Quality Measures	Rejected
5	Alternate Core Clinical Quality Measures	Completed
6	Additional Clinical Quality Measures	Completed

STEPS

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

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

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

If an error is found, you may make the correction and resubmit your attestation for this same reporting period. Or you may submit an attestation with information for a different reporting period during the first payment year to successfully demonstrate meaningful use

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

Choose the appropriate measure link from the summary of measures list




TIPS

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

Click on Help for additional guidance to navigate the system

Step 36 – Summary of Measures – Rejected Attestation



Medicare & Medicaid EHR Incentive Program
Registration and Attestation System

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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	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 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

STEPS

Review Summary of Meaningful Use Core Measures

Select **Edit**

Review each measure for the Accepted/Rejected status

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



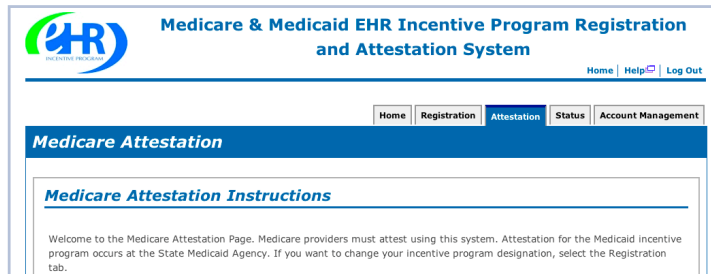
TIP

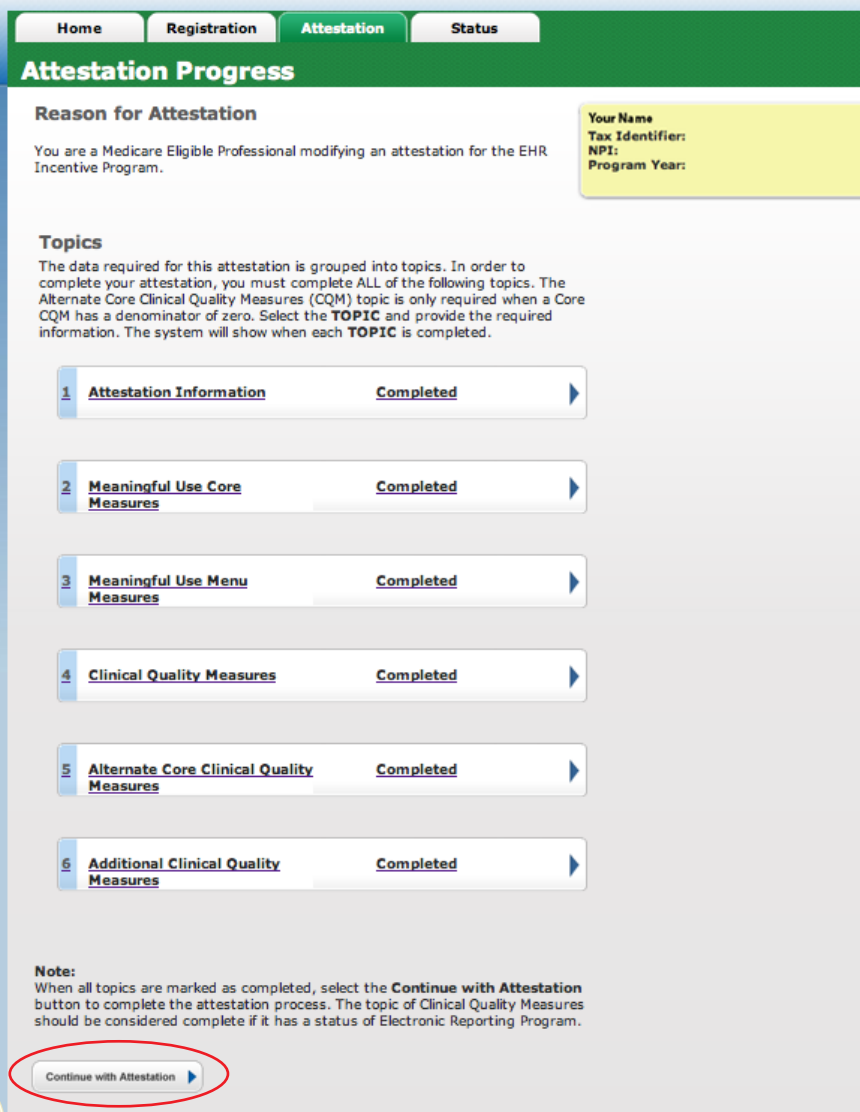
Print the Summary of Measures page for your future reference

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](#)

Step 37 – Medicare Attestation – Resubmission





STEPS

.....
Select **Resubmit** under the Action column

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

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



TIPS

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

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

Step 38 – Topics for Attestation – Resubmission

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

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Welcome Your Name

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. The Alternate Core Clinical Quality Measures (CQM) topic is only required when a Core CQM has a denominator of zero. Select the **TOPIC** and provide the required information. The system will show when each **TOPIC** is completed.

1	Attestation Information	Completed
2	Meaningful Use Core Measures	Completed
3	Meaningful Use Menu Measures	Completed
4	Clinical Quality Measures	Completed
5	Alternate Core Clinical Quality Measures	Completed
6	Additional 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](#)

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 38 – 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	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: 100 *Denominator: 101

2 **Meaningful Use Core Measures**

3 **Meaningful Use Menu Measures**

4 **Clinical Quality Measures**

5 **Alternate Core Clinical Quality Measures**

6 **Additional Clinical Quality Measures**



TIP

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

Step 39 – Attestation Statements and Confirmation Page – Resubmission



Medicare & Medicaid EHR Incentive Program
Registration and Attestation System

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Welcome Your Name

STEPS

Check each box next to each statement to attest

Click on **Agree**

Click on **Submit Attestation** to confirm submission

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).

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.



TIP

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

Step 40 – Attestation Disclaimer



[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. Any disclosures 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 by the Medicare EHR Incentive Program. The Patient Protection and Affordable Care Act, Section 6402, Section 1128J, provides penalties for willful misstatements.

Your Name
Tax Identifier:
NPI:
Program Year:

STEPS

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

Click **Attest**

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 4I – 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.

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 #:
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

PDF printed on June 18, 2013

Medicare & Medicaid
EHR Incentive Program
Registration and Attestation System

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:

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
EH	Eligible Hospital
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



NOTES:

[illegible]