ATTESTATION
USER GUIDE
For Eligible Professionals

Medicare Electronic Health Record
(EHR) Incentive Program

November 2013
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Medicare regulations can be found on the CMS Web site at http://www.cms.gov
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Disclaimer:
The Centers for Medicare & Medicaid Services (CMS) is providing this material as an informational reference for eligible professionals.
Although every reasonable effort has been made to assure the accuracy of the information within these pages at the time of posting, the Medicare program is constantly changing, and it is the responsibility of each provider to remain abreast of the Medicare program requirements.

Medicare regulations can be found on the CMS Web site at http://www.cms.gov
To return to the Table of Contents, click ‘Back to the Table of Contents’ at the bottom of each page.
Step 1 – 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.

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, upgradation, or meaningful use of certified EHR technology. These incentive programs are designed to support providers in this period of health IT transition and instill the use of EHRs in meaningful ways to help our nation to improve the quality, safety, and efficiency of patient health care.

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

Overview of Eligible Professional (EP) and Eligible Hospital Types

Eligible Professionals (EPs)

Medicare EPs include:
- Doctors of Medicine or Osteopathy
- Doctors of Dental Surgery or Dental Medicine
- Doctors of Pediatric 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.

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)

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

Additional Resources:
Per User Guides to Registration and Attestation that will show you how to complete these modules, a list of EHR technology that is certified for this program, specifications 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 program. For detailed information, visit CMS website.

To determine your eligibility, click on the CMS website.

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

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.
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
- Usage of this system may be monitored, recorded, and audited
- Unauthorized use is prohibited and subject to criminal and civil penalties
- The use of the information system establishes consent to any and all monitoring and recording of activities

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

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

TIP

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

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

**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.

---

**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 I&A.
- 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. Navigates 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.
- View our checklist of required materials here.

(∗) Red asterisk indicates a required field.

**User ID:**

**Password:**

---

**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

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 Accept.

TIPS

Click on the HELP tab at the top of the screen for help creating your I&A user name and password.
Step 2 – Login (Continued)

Working on Behalf of an Eligible Professional

STEPS

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

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

TIPS

At least one NPI is required to assign access

Use the Previous button to navigate between pages in the system

In order for a provider to create an online account, the NPI record must be in the status of Active or Pending Change Request
Step 2 – Login (Continued)

Working on Behalf of an Eligible Professional

**STEPS**

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

**User Registration - User Security**

- **User ID:**
- **Password:**
- **Confirm Password:**

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

- **Question 1:**
  - Select One

- **Question 2:**
  - Select One

- **Question 3:**
  - Select One

- **Question 4:**
  - Select One

- **Question 5:**
  - Select One

- **Answer 1:**

- **Answer 2:**

- **Answer 3:**

- **Answer 4:**

- **Answer 5:**

**TIPS**

Click on HELP for additional guidance to navigate the system.

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

Working on Behalf of an Eligible Professional

**STEPS**

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

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

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

**TIPS**

Click on Help for additional guidance to navigate the system. The Help link is on every page.
Step 2 – Login (Continued)

Working on Behalf of an Eligible Professional

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.

Identity & Access Management System

Step 2 – Login (Continued)

Working on Behalf of an Eligible Professional

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.

Identity & Access Management System

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Identity & Access Management System

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.
Step 2 – Login (Continued)

Working on Behalf of an Eligible Professional

**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

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

**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

**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

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

STEPS

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

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

When you are finished, click Done.
Step 2 – Login (Continued)

Working on Behalf of an Eligible Professional

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

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TIPS

Click on Help for additional guidance to navigate the system

The Help link is on every page

---
Step 2 – Login (Continued)

Working on Behalf of an Eligible Professional

STEPS

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

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

TIPS

Click on Help for additional guidance to navigate the system

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

Working on Behalf of an Eligible Professional

STEPS

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

Tips

- Click on Help for additional guidance to navigate the system.
- The Help link is on every page.
Step 2 – Login (Continued)

Working on Behalf of an Eligible Professional

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”.

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”.

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 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.

<table>
<thead>
<tr>
<th>Name</th>
<th>Tax Identifier</th>
<th>National Provider Identifier (NPI)</th>
<th>Medicare Attestation Status</th>
<th>Program Year</th>
<th>Payment Year</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Doe</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Attest</td>
</tr>
</tbody>
</table>

**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

Back to the Table of Contents
Step 5 – Topics for this Attestation

The data required is grouped into six topics for Attestation.

**STEPS**

Click on

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

**TIPS**

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

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

**TOPICS PROGRESS**

There are six topics that are required for attestation:

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

**STEPS**

Enter your CMS EHR Certification Number

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

Click on **Save & Continue**

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

**TIPS**

- The reporting period must be at least 90 days in the same calendar year. To attest for the Medicare EHR Incentive Program in subsequent years, you will need to have met meaningful use for a full year.
- The CMS EHR Certification Number is 15 characters long and the alphanumeric number is case sensitive and is required to proceed with attestation.
- To locate your CMS EHR certification number, click on “How do I find my EHR certification number?”
- Follow the instructions on the CHPL website to obtain your CMS EHR Certification Number.

**TOPICS PROGRESS**

This is the first of six topics required for attestation.
Step 7 –
Meaningful Use Core Measures Questionnaire (1 of 15)
Read the objective and measure and respond as appropriate.

**STEPS**

Select the appropriate option under Patient Records

Answer Yes or No to the Exclusion question

Click on Save & Continue to continue with your attestation

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

**TIPS**

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

**TOPICS PROGRESS**

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

STEPS

Select the appropriate option under Patient Records

Click on Save & Continue to continue with your attestation

TIPS

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

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

TOPICS PROGRESS

This is the second of six topics required for attestation
Step 9 –
Meaningful Use Core Measures Questionnaire (3 of 15)

**Steps**

Enter the Numerator and Denominator

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

**TIPS**

Numerator and Denominator must be whole numbers

Click on HELP for additional guidance to navigate the system

The Help link is on every page

**TOPICS PROGRESS**

This is the second of six topics required for attestation

1 2 3 4 5 6
Step 10 –

Meaningful Use Core Measures Questionnaire (4 of 15)

**STEPS**

Select the appropriate option under Patient Records

Answer Yes or No to the exclusion question

Enter the Numerator and Denominator

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

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

**TIPS**

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

Click on Help for additional guidance to navigate the system

The Help link is on every page

**TOPICS PROGRESS**

This is the second of six topics required for attestation

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

**STEPS**

Enter a Numerator and Denominator

Click *Save & Continue*

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

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

**TIPS**

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

**TOPICS PROGRESS**

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

(6 of 15)

STEPS

Enter Numerator and Denominator and click 
Save & Continue

Step 13 – Meaningful Use Core Measures Questionnaire

(7 of 15)

STEPS

Enter Numerator and Denominator and click 
Save & Continue

TOPICS PROGRESS

This is the second of six topics required for attestation
Step 14 –
Meaningful Use Core Measures Questionnaire (8 of 15)

**STEPS**

Select the appropriate option under Patient Records

Answer Yes or No to Exclusion 1

Select Yes or No for Exclusion 2

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

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

**TIPS**

Numerator and Denominator must be whole numbers

You may select the Previous button to go back

**TOPICS PROGRESS**

This is the second of six topics required for attestation

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

STEPS

Select the appropriate option under Patient Records

Answer Yes or No to the Exclusion

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

Click Save & Continue to proceed with attestation

TIPS

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

The completed topics have a check mark on the Topics screen
Step 16 – Meaningful Use Core Measures Questionnaire (10 of 15)

**STEPS**

CQM reporting has been removed as a core measure

Click **Save & Continue**

---

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

**STEPS**

Select Yes or No

Click **Save & Continue**

---

**TIPS**

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

---

**TOPICS PROGRESS**

This is the second of six topics required for attestation

1 2 3 4 5 6
Step 18 –
Meaningful Use Core Measures Questionnaire (12 of 15)

**STEPS**

Select the appropriate option under Patient Records

Select Yes or No for the EXCLUSION

If the exclusion applies to you, click Save & Continue

If the exclusion does not apply to you, check No

Enter the Numerator and Denominator

Click Save & Continue

**TIP**

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

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

**TOPICS PROGRESS**

This is the second of six topics required for attestation

1 2 3 4 5 6

Medicare EHR Incentive Program User Guide – Page 36
Step 19 –
Meaningful Use Core Measures Questionnaire (13 of 15)

**Questionnaire: (13 of 15)**

(*) Red asterisk indicates a required field.

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

**Measure:** Clinical summaries provided to patients for more than 90% of all office visits within 3 business days.

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

- **Does this exclusion apply to you?**
  - Yes
  - No

- **PATIENT RECORDS:** Please select whether data was extracted from ALL patient records or only from patient records maintained using certified EHR technology.
  - This data was extracted from ALL patient records and 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 office visits in the denominator for which a clinical summary is provided within three business days.

**Denominator:** Number of office visits for the EP during the EHR reporting period.

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

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**.
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**

---

**NOTES:**

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:** (14 of 15)

(*) Red asterisk indicates a required field.

**Objective:**
Capability to exchange key clinical information (for example, problem list, medication list, allergies, diagnostic test results), among providers of care and patient authorized entities electronically.

**Measure:**
Performed at least one test of certified EHR technology’s capability to electronically exchange key clinical information.

Complete the following information:

* Have you performed at least one test of certified EHR technology’s capability to electronically exchange key clinical information?
  - [ ] Yes
  - [x] No

For additional information: [EHIncentives.CMS.gov](https://ehrincentives.cms.gov)

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

---

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

**STEPS**

Select **Yes** or **No**.

Click **Save & Continue**

---

**NOTES:**

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.

---

**TIPS:**

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.
Step 22 – Meaningful Use Menu Measures Questionnaire

**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**

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

The Attestation module will only show you the **5** you selected.

---

**TOPICS PROGRESS**

This is the third of six topics required for attestation.

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

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

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

**MEASURES**

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

**TIPS**

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

**TOPICS PROGRESS**

This is the third of six topics required for attestation:

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

**Meaningful Use Public Health Measure (2 of 2)**

**out of 10 Meaningful Use Menu Measures**

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

**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](https://ehrincentives.cms.gov)

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

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

Menu Measure Objectives (3 of 10)

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

MEASURES

Complete the questions for the 5 measures you selected

Click **Save & Continue**

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

TIPS

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.)

Menu Measure Objectives (4 of 10)

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

**TIPS**

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

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

This is the third of six topics required for attestation.

---

**MEASURES**

Remember, you must submit at least one Meaningful Use Measure from the public health list.
Step 23 – Review of the ten Meaningful Use Measures (cont.)

Menu Measure Objectives (5 of 10)

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

MEASURES

Complete the questions for the 5 measures you selected

Click **Save & Continue**

---

**TIPS**

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

**TOPICS PROGRESS**

This is the third of six topics required for attestation

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

Additional Menu Measure Objectives (6 of 10)

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

**MEASURES**

Complete the questions for the 5 measures you selected

Click *Save & Continue*

**TIPS**

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

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

**TOPICS PROGRESS**

This is the third of six topics required for attestation

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

**Additional Menu Measure Objective (7 of 10)**

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

**MEASURES**

Complete the questions for the 5 measures you selected

Click *Save & Continue*

---

**TIPS**

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

---

**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 (8 of 10)

**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.

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

Click Save & Continue

MEASURES

Complete the questions for the 5 measures you selected

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.

TIP

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

Additional Menu Measure Objectives (9 of 10)

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

**MEASURES**

Complete the questions for the 5 measures you selected

Click **Save & Continue**

**TIPS**

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

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

Additional Menu Measure Objectives (10 of 10)

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

MEASURES

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

TIPS

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

TOPICS PROGRESS

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

**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**

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

**TOPICS PROGRESS**

1 2 3 4 5 6
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.

**STEPS**

**Enter Clinical Quality Measure 1 of 3**

**Enter Denominator, Numerator, and Performance Rate.**

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

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

**TIPS**

- Numerator and Denominator must be whole numbers
- The Denominator must be entered before the Numerator on the remaining screens
- The Performance Rate field will be used to determine consistency of calculation across providers using the formula given in conjunction with each CQM’s electronic specifications. Please consult with your EHR vendor if the percentage for the performance rate is not included in the report generated from your EHR.
Step 26 – Core Clinical Quality Measures (CQMs 2 of 3)

**STEPS**

Enter Clinical Quality Measure 2 of 3

Enter Denominator, Numerator, and Performance Rate.

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

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

**TIPS**

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

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 3 4 5 6
Step 28 – Alternate Clinical Quality Measures (CQMs)

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.
Step 29 – Alternate Clinical Quality Measures – Questionnaire

**STEPS**

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

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

Click **Save & Continue**

**TIPS**

All fields must be completed

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

**TOPICS PROGRESS**

This is the fifth of six topics required for attestation
Step 29 – Alternate Clinical Quality Measures (cont.)

**Questionnaire:** (1 of 2)

(*) Red asterisk indicates a required field.

**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:

<table>
<thead>
<tr>
<th>Denominator</th>
<th>Numerator</th>
<th>Performance Rate</th>
<th>Exclusion</th>
</tr>
</thead>
</table>

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

Click **Save & Continue**

**TIPS**

All fields must be completed

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

**TOPICS PROGRESS**

This is the fifth of six topics required for attestation

1 2 3 4 5 6

[Back to the Table of Contents]
### 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.

#### TIPS

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

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

---

#### Additional Clinical Quality Measures

<table>
<thead>
<tr>
<th>Measure #</th>
<th>Title</th>
<th>Description</th>
<th>Selection</th>
</tr>
</thead>
<tbody>
<tr>
<td>NQF 0056</td>
<td>Diabetes: Hemoglobin A1c Poor Control</td>
<td>Description: Percentage of patients 18-75 years of age with diabetes (type 1 or type 2) who had hemoglobin A1c &gt; 9.0%</td>
<td>□</td>
</tr>
<tr>
<td>NQF 0055</td>
<td>Diabetes: Low Density Lipoprotein (LDL) Management and Control</td>
<td>Description: Percentage of patients 18-75 years of age with diabetes (type 1 or type 2) who had LDL-C &lt; 100 mg/dl.</td>
<td>□</td>
</tr>
<tr>
<td>NQF 0053</td>
<td>Diabetes: Blood Pressure Management</td>
<td>Description: Percentage of patients 18-75 years of age with diabetes (type 1 or type 2) who had blood pressure &lt;140/90 mmHg.</td>
<td>□</td>
</tr>
<tr>
<td>NQF 0081</td>
<td>Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)</td>
<td>Description: Percentage of patients aged 18 years and older with a diagnosis of heart failure and LVSD (LVEF &lt; 40%) who were prescribed ACE inhibitor or ARB therapy</td>
<td>□</td>
</tr>
<tr>
<td>NQF 0070</td>
<td>Coronary Artery Disease (CAD): Beta-Blocker Therapy for CAD Patients with Prior Myocardial Infarction (MI)</td>
<td>Description: Percentage of patients aged 18 years and older with a diagnosis of CAD and prior MI who were prescribed beta-blocker therapy.</td>
<td>□</td>
</tr>
<tr>
<td>NQF 0042</td>
<td>Pneumonia Vaccination Status for Older Adults</td>
<td>Description: Percentage of patients aged 65 years and older who have ever received a pneumococcal vaccine.</td>
<td>□</td>
</tr>
<tr>
<td>NQF 0031</td>
<td>Breast Cancer Screening</td>
<td>Description: Percentage of women 40-69 years of age who had a mammogram to screen for breast cancer.</td>
<td>□</td>
</tr>
<tr>
<td>NQF 0034</td>
<td>Colorectal Cancer Screening</td>
<td>Description: Percentage of adults 50-75 years of age who had appropriate screening for colorectal cancer.</td>
<td>□</td>
</tr>
<tr>
<td>NQF 0057</td>
<td>Coronary Artery Disease (CAD): Oral Antiplatlet Therapy Prescribed for Patients with CAD</td>
<td>Description: Percentage of patients aged 18 years and older with a diagnosis of CAD who were prescribed oral antithrombotic therapy.</td>
<td>□</td>
</tr>
<tr>
<td>NQF 0052</td>
<td>Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)</td>
<td>Description: Percentage of patients aged 18 years and older with a diagnosis of heart failure who also have LVSD (LVEF &lt; 40%) and who were prescribed beta-blocker therapy.</td>
<td>□</td>
</tr>
<tr>
<td>NQF 0105</td>
<td>Anti-depressant medication management: (a) Effective Acute Phase Treatment, (b) Effective Continuation Phase Treatment</td>
<td>Description: Percentage of patients aged 18 years and older who were diagnosed with a new episode of major depression, treated with antidepresant medication, and who remained on an antidepresant medication treatment.</td>
<td>□</td>
</tr>
</tbody>
</table>
Step 30 – Additional Clinical Quality Measures (cont.)

**STEPS**

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

Enter Denominator, Numerator, Performance Rate and Exclusion.

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

Click **Save & Continue**

---

**TOPICS PROGRESS**

This is the sixth of six topics required for attestation.

1 2 3 4 5 6
Step 31 - Topics for this Attestation

STEPS

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

Click Continue with Attestation to complete the Attestation process.

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

TIPS

Click on the Progress Bar to modify your Attestation.

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

**STEPS**

Select the measure Progress Bar to edit a measure

Click **Save & Continue**

**TIPS**

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

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

<table>
<thead>
<tr>
<th>Objective</th>
<th>Measure</th>
<th>Entered</th>
<th>Select</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use computerized provider order entry (CPOE) for medication orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local, and professional guidelines.</td>
<td>More than 90% of all unique patients with at least one medication in their medication list seen by the EP have at least one medication order entered using CPOE.</td>
<td></td>
<td>Edit</td>
</tr>
<tr>
<td>Implement drug-drug and drug-allergy interaction checks.</td>
<td>The EP has enabled this functionality for the entire EHR reporting period.</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Maintain an up-to-date problem list of current and active diagnoses.</td>
<td>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.</td>
<td></td>
<td>Edit</td>
</tr>
<tr>
<td>Generate and transmit permissible prescriptions electronically (eRx).</td>
<td>More than 40% of all permissible prescriptions written by the EP are transmitted electronically using certified EHR technology.</td>
<td></td>
<td>Edit</td>
</tr>
<tr>
<td>Maintain active medication list.</td>
<td>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.</td>
<td></td>
<td>Edit</td>
</tr>
<tr>
<td>Maintain active medication allergy list.</td>
<td>More than 90% of all unique patients seen by the EP have at least one entry (or an indication that the patient has no known medication allergies) recorded as structured data.</td>
<td></td>
<td>Edit</td>
</tr>
<tr>
<td>Record all of the following demographics:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preferred language</td>
<td></td>
<td></td>
<td>Edit</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td>Edit</td>
</tr>
<tr>
<td>Race</td>
<td></td>
<td></td>
<td>Edit</td>
</tr>
<tr>
<td>Ethnicity</td>
<td></td>
<td></td>
<td>Edit</td>
</tr>
<tr>
<td>Date of birth</td>
<td></td>
<td></td>
<td>Edit</td>
</tr>
<tr>
<td>Record and chart changes in vital signs:</td>
<td></td>
<td></td>
<td>Edit</td>
</tr>
<tr>
<td>Height</td>
<td></td>
<td></td>
<td>Edit</td>
</tr>
<tr>
<td>Weight</td>
<td></td>
<td></td>
<td>Edit</td>
</tr>
<tr>
<td>Blood pressure</td>
<td></td>
<td></td>
<td>Edit</td>
</tr>
<tr>
<td>Calculate and display body mass index (BMI)</td>
<td></td>
<td></td>
<td>Edit</td>
</tr>
<tr>
<td>Plot and display growth charts for children 2-20 years, including BMI.</td>
<td></td>
<td></td>
<td>Edit</td>
</tr>
</tbody>
</table>

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

**TIPS**
- Click Return to Attestation summary to view the topics page
- Click on Help for additional guidance to navigate the system
Step 33 – Submission Process: Attestation Statements

**STEPS**

Check the box next to each statement to attest

To complete your attestation, click **Agree**

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

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

**TIPS**

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

Click on **Help** for additional guidance to navigate the system
Step 34 – Attestation Disclaimer

**STEPS**

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

Read the disclaimer and click on **Agree** or **Disagree**

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

**TIPS**

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

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

**STEPS**

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

This concludes the Attestation Process.

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

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

**TIPS**

- Please print this receipt for your records.
- The Summary will indicate whether the measure is accepted or rejected.
- You will receive a confirmation email.
Step 35 – Submission Receipt (Rejected Attestation)

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

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

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

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

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

Choose the appropriate measure link from the summary of measures list

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

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

**STEPS**

Review Summary of Meaningful Use Core Measures

Select *Edit*

Review each measure for the Accepted/Rejected status

Click *Next Topic* to continue with the Menu measures

**TIP**

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

STEPS

Select *Resubmit* under the Action column

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

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

TIPS

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

Click Save and Continue through the remaining measures to the “Topics for this Attestation” page.
Step 38 – Topics for Attestation – Resubmission

**STEPS**

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

Click *Continue with Attestation*

**TIP**

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

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

**STEPS**

Check each box next to each statement to attest

Click on **Agree**

Click on **Submit Attestation** to confirm submission

**TIP**

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

**STEPS**

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

Click **Attest**

**TIP**

If Disagree is chosen you will be directed back to the Medicare Attestation Instructions page to **Modify or Cancel** your attestation.
Step 41 – Review Status Information

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

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

RESOURCES

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

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

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

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

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

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

STEPS

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

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