

ATTESTATION		
FAQ Number	Question	Answer
3209	To what attestation statements must an eligible professional (EP), eligible hospital, or critical access hospital (CAH) agree in order to submit an attestation, successfully demonstrate meaningful use, and receive an incentive payment under the Medicare Electronic Health Record (EHR) Incentive Program?	<p>Currently, the attestation process requires EPs, eligible hospitals, and CAHs to indicate that they agree with the following attestation statements: The information submitted for clinical quality measures (CQMs) was generated as output from an identified certified EHR technology. The information submitted is accurate to the knowledge and belief of the EP or the person submitting on behalf of the EP, eligible hospital, or CAH. The information submitted is accurate and complete for numerators, denominators, exclusions, and measures applicable to the EP, eligible hospital, or CAH. The information submitted includes information on all patients to whom the measure applies. For CQMs, a zero was reported in the denominator of a measure when an EP, eligible hospital or CAH did not care for any patients in the denominator population during the EHR Reporting Period. CMS considers information to be accurate and complete for CQMs insofar as it is identical to the output that was generated from certified EHR technology. Numerator, denominator, and exclusion information for CQMs must be reported directly from information generated by certified EHR technology. By agreeing to the above statements, the EP, eligible hospital, or CAH is attesting that the information for CQMs entered into the Registration and Attestation System is identical to the information generated from certified EHR technology. CMS does not require EPs, eligible hospitals, or CAHs to provide any additional information beyond what is generated from certified EHR technology in order to satisfy the requirement for submitting CQM information. Please note that quality performance results for CQMs are not being assessed at this time under the EHR Incentive Programs. Complete and accurate information for the remaining meaningful use core and menu set measures does not necessarily have to be entered directly from information generated by certified EHR technology. By definition, for each meaningful use objective with a percentage-based measure, certified EHR technology must include the capability to electronically record the numerator and denominator and generate a report including the numerator, denominator, and resulting percentage for these measures. However, with the exception of CQMs, meaningful use measures do not specify that this capability must be used to calculate the numerators and denominators. EPs, eligible hospitals, and CAHs can use a separate, uncertified system to calculate numerators and denominators and to generate reports on all measures of the core and menu set meaningful use objectives except CQMs. In order to provide complete and accurate information for certain of these measures, they may also have to include information from paper-based patient records or from records maintained in uncertified EHR technology. By agreeing to the above statements, the EP, eligible hospital, or CAH is attesting to providing all of the information necessary from certified EHR technology, uncertified EHR technology, and/or paper-based records in order to render complete and accurate information for all meaningful use core and menu set measures except CQMs. For more information about the Medicare and Medicaid EHR Incentive Program, please visit http://www.cms.gov/EHRIncentivePrograms. Keywords: FAQ10589</p>
8035	Can attestation information submitted for the Electronic Health Records (EHR) Incentive Programs be updated, changed, cancelled or withdrawn after successful submission in the EHR Registration and Attestation System?	<p>Once a provider has submitted their attestation and has been either locked for payment or had an incentive payment issued, they will not have the ability to amend the information in the attestation system. It is the provider's responsibility to maintain records that demonstrate they have met meaningful use requirements and determine whether corrections to their attestation information would enable them to continue to demonstrate meaningful use. If the provider is not able to demonstrate meaningful use with the amended data, it is the provider's responsibility to complete the Medicare EHR Incentive Program Return Payment/Withdrawal Form and follow the instructions on the form explaining how to return their EHR incentive payment. Further instructions on the steps necessary to withdraw an attestation from the EHR Incentive Program can be found on the Medicare Incentive Payment Withdrawal Form. Medicare Incentive Payment Withdrawal Form: https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/Medicare_EHR_Incentive_Withdrawal_Final.pdf Providers may access the online Meaningful Use Attestation Calculator tool found at to enter their amended data and test whether they would continue to demonstrate meaningful use. An EP or hospital wishing to change or withdraw their attestation from a Medicaid EHR Incentive Program should contact their state directly to make this request. Please note that the Centers for Medicare and Medicaid Services (CMS) do not require providers who relied on flawed software for their attestation information to submit amended attestation data. For additional information, please see FAQ6097. Created on 3/13/2013 Updated on 5/14/2013</p>