## CONTENTS

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 1</td>
<td>Getting started</td>
<td>4</td>
</tr>
<tr>
<td>Step 2</td>
<td>Login instruction</td>
<td>6</td>
</tr>
<tr>
<td>Step 3</td>
<td>Attestation Instructions</td>
<td>8</td>
</tr>
<tr>
<td>Step 4</td>
<td>Topics for this Attestation</td>
<td>9</td>
</tr>
<tr>
<td>Step 5</td>
<td>Attestation Information</td>
<td>10</td>
</tr>
<tr>
<td>Step 6</td>
<td>Meaningful Use Core Measures Questionnaire (1 of 14)</td>
<td>11</td>
</tr>
<tr>
<td>Step 7</td>
<td>Meaningful Use Core Measures Questionnaire (2 of 14)</td>
<td>12</td>
</tr>
<tr>
<td>Step 8</td>
<td>Meaningful Use Core Measures Questionnaire (3 of 14)</td>
<td>13</td>
</tr>
<tr>
<td>Step 9</td>
<td>Meaningful Use Core Measures Questionnaire (4 of 14)</td>
<td>13</td>
</tr>
<tr>
<td>Step 10</td>
<td>Meaningful Use Core Measures Questionnaire (5 of 14)</td>
<td>14</td>
</tr>
<tr>
<td>Step 11</td>
<td>Meaningful Use Core Measures Questionnaire (6 of 14)</td>
<td>14</td>
</tr>
<tr>
<td>Step 12</td>
<td>Meaningful Use Core Measures Questionnaire (7 of 14)</td>
<td>15</td>
</tr>
<tr>
<td>Step 13</td>
<td>Meaningful Use Core Measures Questionnaire (8 of 14)</td>
<td>15</td>
</tr>
<tr>
<td>Step 14</td>
<td>Meaningful Use Core Measures Questionnaire (9 of 14)</td>
<td>16</td>
</tr>
<tr>
<td>Step 15</td>
<td>Meaningful Use Core Measures Questionnaire (10 of 14)</td>
<td>16</td>
</tr>
<tr>
<td>Step 16</td>
<td>Meaningful Use Core Measures Questionnaire (11 of 14)</td>
<td>17</td>
</tr>
<tr>
<td>Step 17</td>
<td>Meaningful Use Core Measures Questionnaire (12 of 14)</td>
<td>18</td>
</tr>
<tr>
<td>Step 18</td>
<td>Meaningful Use Core Measures Questionnaire (13 of 14)</td>
<td>19</td>
</tr>
<tr>
<td>Step 19</td>
<td>Meaningful Use Core Measures Questionnaire (14 of 14)</td>
<td>19</td>
</tr>
<tr>
<td>Step 20</td>
<td>Meaningful Use Measures – Questionnaire</td>
<td>20</td>
</tr>
<tr>
<td>Step 21</td>
<td>Clinical Quality Measures (CQM) - eReporting Option</td>
<td>33</td>
</tr>
<tr>
<td>Step 22</td>
<td>Clinical Quality Measures (CQMs 1 of 15)</td>
<td>34</td>
</tr>
<tr>
<td>Step 23</td>
<td>Clinical Quality Measures (CQMs 2 of 15)</td>
<td>35</td>
</tr>
<tr>
<td>Step 24</td>
<td>Clinical Quality Measures (CQMs 3 of 15)</td>
<td>36</td>
</tr>
<tr>
<td>Step 25</td>
<td>Clinical Quality Measures (CQMs 4 of 15)</td>
<td>36</td>
</tr>
<tr>
<td>Step 26</td>
<td>Clinical Quality Measures (CQMs 5 of 15)</td>
<td>37</td>
</tr>
</tbody>
</table>

Medicare regulations can be found on the CMS Web site at [http://www.cms.gov](http://www.cms.gov)
CONTENTS (cont.)

Step 27 ................................................................. Clinical Quality Measures (CQMs 6 of 15) 37
Step 28 ................................................................. Clinical Quality Measures (CQMs 7 of 15) 38
Step 29 ................................................................. Clinical Quality Measures (CQMs 8 of 15) 38
Step 30 ................................................................. Clinical Quality Measures (CQMs 9 of 15) 39
Step 31 ................................................................. Clinical Quality Measures (CQMs 10 of 15) 39
Step 32 ................................................................. Clinical Quality Measures (CQMs 11 of 15) 40
Step 33 ................................................................. Clinical Quality Measures (CQMs 12 of 15) 40
Step 34 ................................................................. Clinical Quality Measures (CQMs 13 of 15) 41
Step 35 ................................................................. Clinical Quality Measures (CQMs 14 of 15) 41
Step 36 ................................................................. Clinical Quality Measures (CQMs 15 of 15) 42
Step 37 ................................................................. Topics for Attestation 43
Step 38 ................................................................. Attestation Summary 44
Step 39 ................................................................. Submission Process: Attestation Statements 46
Step 40 ................................................................. Attestation Disclaimer 47
Step 41 ................................................................. Submission Receipt – Accepted Attestation 48
Step 42 ................................................................. Submission Receipt – Rejected Attestation 49
Step 43 ................................................................. Attestation Summary – Rejected Attestation 50
Step 44 ................................................................. Cancel Attestation 51
Questions/Help ................................................................................................................... 52
Acronym translation ........................................................................................................... 53

Disclaimer
The Centers for Medicare & Medicaid Services (CMS) is providing this material as an informational reference for eligible hospitals.

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 eligible hospital to remain abreast of the Medicare program requirements. Medicare regulations can be found on the CMS Web site at http://www.cms.gov. Specific information about the Medicare and Medicaid EHR Incentive Programs can be found at http://www.cms.gov/EHRIncentivePrograms.
Step 1 – Getting Started

Medicare Eligible Hospitals, Medicare & Medicaid Eligible Hospitals and Critical Access Hospitals (CAHs) must attest to their meaningful use of certified electronic health record (EHR) technology using this ATTESTATION module.

*Medicaid-only eligible hospitals should contact their states for information about how to attest.*

This is a step-by-step guide for the Medicare Eligible Hospitals 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.

---

To determine your eligibility, click on the CMS website.

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**

<table>
<thead>
<tr>
<th>Eligible Professionals (EPs)</th>
<th>Medicaid EPs Include:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctors of Medicine or Osteopathy</td>
<td>Physicians</td>
</tr>
<tr>
<td>Doctors of Dental Surgery or Dental Medicine</td>
<td>Nurse Practitioners</td>
</tr>
<tr>
<td>Doctors of Podiatric Medicine</td>
<td>Certified Nurse – Midwife</td>
</tr>
<tr>
<td>Doctors of Optometry</td>
<td>Dentists</td>
</tr>
<tr>
<td>Chiropractors</td>
<td>Physicians Assistants who practice in a Federally Qualified Health Center (FQHC) or Rural Health Center (RHC) that is led by a Physician Assistant.</td>
</tr>
</tbody>
</table>

**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). |

<table>
<thead>
<tr>
<th>Eligible Hospitals</th>
<th>Medicare Eligible hospitals include:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Critical Access Hospitals (CAHs)</td>
<td>Acute Care hospitals with at least 10% Medicaid patient volume. May include CMS and cancer hospitals.</td>
</tr>
<tr>
<td>Medicare Advantage-Affiliated hospitals (MA- Affiliated Hospitals)</td>
<td>Children's Hospitals</td>
</tr>
</tbody>
</table>
Step 1 - (Cont.)
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

For more information on the U.S. Government Information Security Policies, Standards and Procedures, click on the link in the body of the screen
Step 2– Login Instructions for Eligible Professionals

**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) user account. If you do not have an NPI, apply for an NPI in NPPES ID.
- 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 not 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 ID.
- 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.
- View our checklist of required materials here.

To contact the I&A help desk, call; 1(866) 484-8049 or email EUSSupport@cgi.com

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

User name and password are case sensitive
Step 2 – Welcome screen for the EHR Incentive Program (cont.)

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

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

TIPS

STEPS

Click on the Attestation Tab to continue attesting for the EHR Incentive Program

https://ehrincentives.cms.gov
Step 3 – Attestation Instructions

Read the Attestation Instructions

Click on Attest in the Action column to continue the attestation process.

STEPS

TIPS

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

Click on the Meaningful User Information page link for detailed information about meaningful use, specification sheets for individual meaningful use objectives, e-specification sheets for clinical quality measures, and in-depth information on the EHR Incentive Program.

Only one action can be performed at a time on this page.
**Step 4 – Topics for this Attestation**

The data required is grouped into four (4) topics for Attestation.

**TIPS**

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

**STEPS**

Click **Continue with Attestation** to begin the attestation process.

---

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, the user can select “**Continue with Attestation**”
**STEPS**

Enter your CMS EHR Certification Number

Choose one of two methods to designate how patients are admitted to the Emergency Department

Enter the period start and end date of the reporting period for which you are attesting. The reporting period must be at least 90 days in the same Federal fiscal year, October through September

To attest for the Medicare EHR Incentive Program in subsequent years, you will need to have met meaningful use for a full year

Click Save & Continue

---

**TIPS**

To locate your CMS EHR certification number, click on **How do I find my EHR Certification Number?** You will be directed to the Certified Health IT Product List (CHPL). Follow the instructions on the CHPL website. The CMS EHR Certification Number is 15 characters long. The alphanumeric number is case sensitive and is required to proceed with attestation

Emergency Department (ED) Admissions must be designated as admitted observation service method or all ED visits method. Click here for more information; [http://questions.cms.hhs.gov/app/answers/detail/a_id/10126/kw/emergency%20department](http://questions.cms.hhs.gov/app/answers/detail/a_id/10126/kw/emergency%20department)

---

**TOPICS PROGRESS**

This is the first of four topics required for attestation
### Step 6 – Meaningful Use Core Measures – Questionnaire (1 of 14)

**STEPS**

Select the appropriate option under Patient Records. Enter Numerator and Denominator.

*Click Save & Continue*

---

**TIPS**

**Patient Records**: At the eligible hospital’s discretion, the numerators and denominators of certain measures may be calculated using only the patient records maintained in certified EHR technology. The eligible hospital may also elect to calculate the numerators and denominators of these measures using ALL patient records. Eligible hospitals must indicate which method they used in their calculations.

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

---

**TOPICS PROGRESS**

This is the second of four topics required for attestation

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
</table>

---

For additional information: [Meaningful Use Measure Specification Page](https://ehrincentives.cms.gov)

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.

---

Numerator and Denominator must be whole numbers.

---

[ATTESTATION USER GUIDE](https://ehrincentives.cms.gov) FOR ELIGIBLE HOSPITALS & CRITICAL ACCESS HOSPITALS

[Medicare EHR Incentive Program User Guide – Page 11](#)
Step 7 – Meaningful Use Core Measures – Questionnaire (2 of 14)

**Questionnaire: (2 of 14)**

(*) Red asterisk indicates a required field.

**Objective:** Implement drug-drug and drug-allergy interaction checks.

**Measure:** The eligible hospital or CAH 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](https://ehrincentives.cms.gov)

Please select the Previous button to go back or the Save & Continue button to save your entry and proceed. Select the Return to Attestation Progress button to return to the Attestation Progress page. You can return to your place in the process at any time, however, the data for the current measure will not be saved.

---

**STEPS**

Select Yes or No

Click **Save & Continue**

---

**TOPICS PROGRESS**

This is the second of four topics required for attestation

---

**Eligible Hospital and CAH Core Objectives**

<table>
<thead>
<tr>
<th>Topic</th>
<th>Description</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>[1]</td>
<td>Use 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>AVAILABLE</td>
</tr>
<tr>
<td>[2]</td>
<td>Implement drug-drug and drug-allergy interaction checks.</td>
<td>AVAILABLE</td>
</tr>
<tr>
<td>[3]</td>
<td>Maintain an up-to-date problem list of current and active diagnoses.</td>
<td>AVAILABLE</td>
</tr>
<tr>
<td>[4]</td>
<td>Maintain active medication list.</td>
<td>AVAILABLE</td>
</tr>
<tr>
<td>[5]</td>
<td>Maintain active medication allergy list.</td>
<td>AVAILABLE</td>
</tr>
<tr>
<td>[6]</td>
<td>Record all of the following demographics:</td>
<td>AVAILABLE</td>
</tr>
<tr>
<td>(A)</td>
<td>Preferred language.</td>
<td>AVAILABLE</td>
</tr>
<tr>
<td>(B)</td>
<td>Gender.</td>
<td>AVAILABLE</td>
</tr>
<tr>
<td>(C)</td>
<td>Race.</td>
<td>AVAILABLE</td>
</tr>
<tr>
<td>(D)</td>
<td>Ethnicity.</td>
<td>AVAILABLE</td>
</tr>
<tr>
<td>(E)</td>
<td>Date of birth.</td>
<td>AVAILABLE</td>
</tr>
<tr>
<td>(F)</td>
<td>Date and primary cause of death in the event of mortality in the eligible hospital or CAH.</td>
<td>AVAILABLE</td>
</tr>
<tr>
<td>[7]</td>
<td>Record and chart changes in the following vital signs:</td>
<td>AVAILABLE</td>
</tr>
<tr>
<td>(A)</td>
<td>Height.</td>
<td>AVAILABLE</td>
</tr>
<tr>
<td>(B)</td>
<td>Weight.</td>
<td>AVAILABLE</td>
</tr>
<tr>
<td>(C)</td>
<td>Blood pressure.</td>
<td>AVAILABLE</td>
</tr>
<tr>
<td>(D)</td>
<td>Calculate and display body mass index (BMI).</td>
<td>AVAILABLE</td>
</tr>
<tr>
<td>(E)</td>
<td>Plot and display growth charts for children 2-20 years, including BMI.</td>
<td>AVAILABLE</td>
</tr>
<tr>
<td>[8]</td>
<td>Record smoking for patients 13 years old or older.</td>
<td>AVAILABLE</td>
</tr>
<tr>
<td>[9]</td>
<td>Report hospital clinical quality measures to CMS or, in the case of Medicaid eligible hospitals, the States.</td>
<td>AVAILABLE</td>
</tr>
</tbody>
</table>
Step 8 –
Meaningful Use Core Measures – Questionnaire (3 of 14)

STEPS

Enter Numerators and Denominators in each step

Click Save & Continue

Step 9 –
Meaningful Use Core Measures – Questionnaire (4 of 14)

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

TIP

This is the second of four topics required for attestation

TOPICS PROGRESS

1 2 3 4

Medicare EHR Incentive Program User Guide – Page 13
Step 10 –
Meaningful Use Core Measures – Questionnaire (5 of 14)

Enter Numerators and Denominators in each step
Click Save & Continue

Step 11 –
Meaningful Use Core Measures – Questionnaire (6 of 14)

TIP
You may log out at any point during attestation and continue at a later time. All of the information that you have entered up until this point will be saved within the attestation module.
Step 12 –
Meaningful Use Core Measures – Questionnaire (7 of 14)

STEPS

Select the appropriate option under PATIENT RECORDS

Enter Numerator and Denominator

Click Save & Continue

TIPS
This is the second of four topics required for attestation

TOPICS PROGRESS
Click on HELP for additional guidance to navigate the system

The Help link is located on each page
Step 14 –
Meaningful Use Core Measures – Questionnaire (9 of 14)

**STEPS**

- Select Yes or No
- Click *Save & Continue*

**TIPS**

- Numerator and Denominator must be whole numbers
- You may log out at any point during attestation and continue at a later time
- All of the information that you have entered up until this point will be saved within the attestation module
- The Topics Progress bar will read completed when the topics are complete

**TOPICS PROGRESS**

This is the second of four topics required for attestation

1 2 3 4
Step 16 –

Meaningful Use Core Measures – Questionnaire (11 of 14)

**STEPS**

Select the appropriate option under Patient Records

Select Yes or No for the exclusion

If you answered NO, enter the Numerator and Denominator

Click **Save & Continue**

---

**TIPS**

- Numerator and Denominator must be whole numbers
- You may log out at any point during attestation and continue at a later time
- All of the information that you have entered up until this point will be saved within the attestation module.

---

**TOPICS PROGRESS**

This is the second of four topics required for attestation

1  2  3  4
Step 17 –
Meaningful Use Core Measures – Questionnaire (12 of 14)

Questionnaire: (12 of 14)

(*) Red asterisk indicates a required field.

Objective: Provide patients with an electronic copy of their discharge instructions at time of discharge, upon request.

Measure: More than 50% of all patients who are discharged from an eligible hospital or CAH that has no requests from patients or their agents for an electronic copy of their discharge instructions during the EHR reporting period would be excluded from this requirement. Exclusion from this requirement does not prevent an eligible hospital or CAH from achieving meaningful use.

**EXCLUSION - Based on ALL patient records:** An eligible hospital or CAH that has no requests from patients or their agents for an electronic copy of their discharge instructions during the EHR reporting period would be excluded from this requirement. Exclusion from this requirement does not prevent an eligible hospital or CAH 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 who are provided an electronic copy of discharge instructions.
- **Denominator:** Number of patients discharged from an eligible hospital or CAH's inpatient or emergency department (POS 21 or 23) who request an electronic copy of their discharge instructions during the EHR reporting period.

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.

---

**STEPS**

- Select the appropriate option under Patient Records.
- Select Yes or No for the exclusion.
- If you answered NO, enter the Numerator and Denominator.
- Click **Save & Continue**.

---

**TIPS**

- Click on Help for additional guidance to navigate the system.

---

**TOPICS PROGRESS**

- This is the second of four topics required for attestation.
Step 18 –
**Meaningful Use Core Measures – Questionnaire (13 of 14)**

**STEPS**

- Select Yes or No
- Click **Save & Continue**

**TIPS**

- [https://ehrincentives.cms.gov](https://ehrincentives.cms.gov)

This is the second of four topics required for attestation.

**TOPICS PROGRESS**

This is the second of four topics required for attestation.
Step 20 – Meaningful Use Menu Measures – Questionnaire

**STEPS**

Read the instructions and select a total of five (5) measures from the ten (10) Meaningful Use Menu Measures listed on the next page.

Select at least one from the **public health** menu measure objectives.

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

**TIP**

The five (5) measures chosen will appear on the next screens once you click the Save & Continue button.

**TOPICS PROGRESS**

This is the third of four topics required for attestation.
Step 20 – Meaningful Use Menu Measures (cont.) – Public Health Measures

TIPS

Select at least one from the public health menu measure objectives

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

TOPICS PROGRESS

This is the third of four topics required for attestation
### Step 20 – Meaningful Use Menu Measures (cont.)

<table>
<thead>
<tr>
<th>Objective</th>
<th>Measure</th>
<th>Select</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implemented drug-formulary checks.</td>
<td>The eligible hospital or CAH has enabled this functionality and has access to at least one internal or external drug formulary for the entire EHR reporting period. More than 50% of all unique patients 65 years old or older admitted to the eligible hospital or CAH inpatient department (POS 21) have an indication of an advance directive status recorded as structured data.</td>
<td>4</td>
</tr>
<tr>
<td>Record advance directives for patients 65 years old or older.</td>
<td>More than 50% of all unique patients 65 years old or older admitted to the eligible hospitals or CAHs inpatient department (POS 21) have an indication of an advance directive status recorded as structured data.</td>
<td>5</td>
</tr>
<tr>
<td>Incorporate clinical lab-test results into certified EHR as structured data.</td>
<td>More than 40% of all clinical lab tests results ordered by an authorized provider of the eligible hospital or CAH for patients admitted to its inpatient or emergency department (POS 21 or 23) during the EHR reporting period whose results are either in a positive/negative or numerical format are incorporated in certified EHR technology as structured data.</td>
<td>6</td>
</tr>
<tr>
<td>Generate lists of patients by specific conditions to use for quality improvements, reduction of disparities, or outreach.</td>
<td>Generate at least one report listing patients of the eligible hospital or CAH with a specific condition.</td>
<td>7</td>
</tr>
<tr>
<td>Use certified EHR technology to identify patient-specific education resources and provide those resources to the patient if appropriate.</td>
<td>More than 10% of all unique patients admitted to the eligible hospitals or CAHs inpatient or emergency department (Place of Service (POS) 21 or 23) during the EHR reporting period are provided patient-specific education resources.</td>
<td>8</td>
</tr>
<tr>
<td>The eligible hospital or CAH 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 eligible hospital or CAH performs medication reconciliation for more than 50% of transitions of care in which the patient is admitted to the eligible hospitals or CAHs inpatient or emergency department (POS 21 or 23).</td>
<td>9</td>
</tr>
<tr>
<td>The eligible hospital or CAH that 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>The eligible hospital or CAH that transitions or refers their patient to another setting of care or provider of care releases their patient's summary of care record for more than 50% of transitions of care and referrals.</td>
<td>10</td>
</tr>
</tbody>
</table>

Please select the Previous button to go back or the previous topic Save & Continue button save your entry and proceed. Select Return to Attestation Progress button to return to the Attestation Progress page. You can return to your place in the process time, however, the data for the current measure will not be saved.

### TIPS

Click on HELP for additional guidance to navigate the system. The Help link is on every page.

**TOPICS PROGRESS**

This is the third of four topics required for attestation.

---

Medicare EHR Incentive Program User Guide – Page 22

ATTESTATION USER GUIDE
FOR ELIGIBLE HOSPITALS & CRITICAL ACCESS HOSPITALS

[https://ehrincentives.cms.gov](https://ehrincentives.cms.gov)
Step 20 – (cont.)
Meaningful Use Public Health Measure (1 of 3)
out of 10 Meaningful Use Menu Measures

**STEPS**

- Select the appropriate options for the Exclusions
- Click *Save & Continue*

**TIP**
You may log out at any point during attestation and continue at a later time.

**TOPICS PROGRESS**
This is the third of four topics required for attestation.

All of the information that you have entered up until this point will be saved within the attestation module.
Step 20 – (cont.)
Meaningful Use Public Health Measure (2 of 3)
out of 10 Meaningful Use Menu Measures

TIPS
You may select the Previous button to go back

Only the five (5) measures chosen will display

TOPICS PROGRESS
This is the third of four topics required for attestation

1 2 3 4
Step 20 – (cont.)
Meaningful Use Public Health Measure (3 of 3)
out of 10 Meaningful Use Menu Measures

STEPS

Select the appropriate option under Patient Records, if applicable

Select Yes or No for the Exclusions

Answer Yes or No for performing the individual Menu Measure

Click Save & Continue

TIPS

For additional information click on the “Meaningful Use Measure Specification Page” link

TOPICS PROGRESS

This is the third of four topics required for attestation
Step 20 – (cont.)

 Meaningful Use Menu Measure (4 of 10)

**STEPS**

- Select the appropriate option under Patient Records, if applicable
- Select the appropriate options for the Exclusions
- Enter Numerator and Denominator, if applicable.

Click **Save & Continue**

**TIP**

You may select the Previous button to go back.
Step 20 – (cont.)
Meaningful Use Menu Measure (5 of 10)

STEPS

Select the appropriate option under Patient Records, if applicable

Select the appropriate options for the Exclusions

Enter Numerator and Denominator, if applicable

Click Save & Continue

TIP
You may select the Return to Attestation Progress to review the status of your attestation

TOPICS PROGRESS
This is the third of four topics required for attestation

1 2 3 4
Step 20 – (cont.)

Meaningful Use Menu Measure (6 of 10)

**STEPS**

Select the appropriate option under **Patient Records**, if applicable

Select the appropriate options for the **Exclusions**

Enter **Numerator** and **Denominator**, if applicable

Click **Save & Continue**

**TIPS**

You may select the **Previous button** to go back.

Only the five (5) measures chosen will display.

**TOPICS PROGRESS**

This is the third of four topics required for attestation
Step 20 – (cont.)

Meaningful Use Menu Measure (7 of 10)

STEPS

Select the appropriate option under Patient Records, if applicable

Select the appropriate options for the Exclusions

Enter Numerator and Denominator, if applicable

Click Save & Continue

TIPS

You may select the Previous button to go back

Only the five (5) measures chosen will display
Step 20 – (cont.)

Meaningful Use Menu Measure (8 of 10)

**STEPS**

- Select the appropriate option under Patient Records, if applicable
- Select the appropriate options for the Exclusions
- Enter Numerator and Denominator, if applicable
- Click **Save & Continue**

**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 Topics Progress bar will read completed when the topics are complete

**TOPICS PROGRESS**

This is the third of four topics required for attestation
### Step 20 – (cont.)
**Meaningful Use Menu Measure (9 of 10)**

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

**Objective:** The eligible hospital or CAH 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 eligible hospital or CAH performs medication reconciliation for more than 50% of transitions of care in which the patient is admitted to the eligible hospitals or CAHs inpatient or emergency department (POS 21 or 23).

*PATIENT RECORDS: Please select whether data was extracted from ALL patient records or only from patient records maintained using certified EHR technology.*
- [ ] This was extracted from ALL patient records not just those maintained using certified EHR technology.
- [ ] This 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 eligible hospitals or CAHs inpatient or emergency department (POS 21 to 23) was the receiving party of the transition.

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.

Click **Save & Continue**

### TIP
Click on the Help link at the top of each screen at any time

### TOPICS PROGRESS
This is the third of four topics required for attestation

1 2 3 4
**Step 20 – (cont.)**

**Meaningful Use Menu Measure (10 of 10)**

**STEPS**

Select the appropriate option under Patient Records, if applicable

Select the appropriate options for the Exclusions

Enter Numerator and Denominator, if applicable

Click *Save & Continue*

---

**TIPS**

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

Numerator and denominator must be whole numbers.

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 Topics Progress Bar will read *completed* when all topics are complete.
Step 21 – 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 2012 Federal Fiscal 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.

If you selected no, then you will be allowed to attest to the CQMs and you may also submit your CQMs electronically. To note, you will be paid based on your attestation and not be placed in a pending pilot status.

Click **Continue With Attestation**

You must agree to submit the information for CQMs electronically within 2 months after the end of the EHR Reporting Period. At the Submission Process – Attestation Statement screen (page 46).

**TIP**

For information on the CQM eReporting, click on the Clinical Quality measure Specification page.

**TOPICS PROGRESS**

This is the third of six topics required for attestation.
Step 22 – Clinical Quality Measures (CQMs) (1 of 15)

Eligible hospitals and Critical Access Hospitals (CAHs) must report calculated clinical quality measures (CQMs) directly from their certified EHR technology as a requirement of the EHR Incentive Programs. Eligible hospitals and CAHs must report on all fifteen (15) CQMs. Zero is an acceptable CQM denominator value provided that this value was produced by certified EHR technology.

**STEPS**

Enter Denominator and Numerator (and Exclusion, if applicable), for all fifteen (15) of the CQMs

Click *Save & Continue*

**TIPS**

Denominator is entered before the Numerator

Numerator and denominator must be whole numbers

Visit the Meaningful Use Core Objectives link for more information: [https://www.cms.gov/EHRIncentivePrograms/Downloads/Hosp_CAH_MU-TOC.pdf](https://www.cms.gov/EHRIncentivePrograms/Downloads/Hosp_CAH_MU-TOC.pdf)
Step 23 – Clinical Quality Measures (CQMs) (2 of 15)

**STEPS**

Enter Denominator and Numerator (and Exclusion, if applicable), for all fifteen (15) of the Clinical Quality Measures

Click **Save & Continue**

**TIPS**

Click on Help for additional guidance to navigate the system

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
Step 24 – Clinical Quality Measures (CQMs) (3 of 15)

STEPS

Enter the Denominator, Numerator and Exclusion, if applicable

Click Save & Continue

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.

Step 25 – Clinical Quality Measures (CQMs) (4 of 15)
Step 26 –
Clinical Quality Measures (CQMs) (5 of 15)

Visit the Meaningful Use Overview link for more information –
https://www.cms.gov/EHRIncentivePrograms/30_Meaningful_Use.asp

Step 27 –
Clinical Quality Measures (CQMs) (6 of 15)

TIP
Visit the Meaningful Use Overview link for more information –
https://www.cms.gov/EHRIncentivePrograms/30_Meaningful_Use.asp

TOPICS PROGRESS
This is the fourth of four topics required for attestation
Step 28 –
Clinical Quality Measures (CQMs) (7 of 15)

**StePS**
Enter the Denominator, Numerator and Exclusion, if applicable

Click **Save & Continue**

---

Step 29 –
Clinical Quality Measures (CQMs) (8 of 15)

**TIPS**
- Denominator is entered before the Numerator
- Numerator and denominator must be whole numbers

**TOPICS PROGRESS**

This is the fourth of four topics required for attestation

1 2 3 4
Step 30 –
Clinical Quality Measures (CQMs) (9 of 15)

**STEPS**
Enter the Denominator, Numerator and Exclusion, if applicable
Click Save & Continue

**TIP**
For additional information click on the “Clinical Quality Measure Specification Page” link

Step 31 –
Clinical Quality Measures (CQMs) (10 of 15)

**TIP**
For additional information click on the “Clinical Quality Measure Specification Page” link

**TOPICS PROGRESS**
This is the fourth of four topics required for attestation


**Step 32 – Clinical Quality Measures (CQMs) (11 of 15)**

**Steps**

Enter the Denominator, Numerator and Exclusion, if applicable

Click **Save & Continue**

**TIP**

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

**TOPICS PROGRESS**

This is the fourth of four topics required for attestation
Step 34 – Clinical Quality Measures (CQMs) (13 of 15)

**Clinical Quality Measures**

**Questionnaire:** (13 of 15)

(•) Red asterisk indicates a required field.

Responses are required for the clinical quality measures displayed on this page.

- **Measure:** NQF 0574, VTE-4
- **Title:** Platelet monitoring on unfractionated heparin

**Denominator:**
- a positive whole number

**Numerator:**
- a positive whole number where the Numerator is less than or equal to the Denominator

**Exclusion:**
- a positive whole number

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, however, the data for the current measure will not be saved.

Click **Save & Continue**

---

Step 35 – Clinical Quality Measures (CQMs) (14 of 15)

**Clinical Quality Measures**

**Questionnaire:** (14 of 15)

(•) Red asterisk indicates a required field.

Responses are required for the clinical quality measures displayed on this page.

- **Measure:** NQF 0375, VTE-5
- **Title:** VTE discharge instructions

**Denominator:**
- a positive whole number

**Numerator:**
- a positive whole number where the Numerator is less than or equal to the Denominator

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, however, the data for the current measure will not be saved.

Click **Save & Continue**

---

**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
Step 36 – Clinical Quality Measures (CQMs) (15 of 15)

**STEPS**

Enter the Denominator, Numerator and Exclusion, if applicable

Click **Save & Continue**

**TIPS**

Denominator is entered before the Numerator

Click on HELP for additional guidance to navigate the system

The Help link is located on each page

**TOPICS PROGRESS**

This is the fourth of four topics required for attestation

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
</table>

---

https://ehrincentives.cms.gov
Step 37 – Topics for this Attestation
Once all the topics are marked completed you may proceed with attestation.

Step 38 – Attestation Summary

TIPS
This is the last chance to review and edit the information you have entered before you attest.

Check for data entry errors as the system will not alert the user of the calculated percentage of the numerator and denominators prior to official submission of attestation.
Step 38 – Attestation Summary (cont.)
Click on the Measure List Table link to access the table for editing.

### STEPS

1. **Select the measure to Edit**
2. **Modify your entry**
3. **Click Save Changes**

You will navigate to the next measure in the series. When you are finished editing the measures, click on Return to Attestation Progress.

### TIP
For additional information click on the “Meaningful Use Measures Specification Page” link

---

### Table: Meaningful Use Core Measures

<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 admitted to the eligible hospital’s or CAH’s inpatient or emergency department (POS 21 or 23) have at least one medication order entered using CPOE.</td>
<td>Numerator = 9 Denominator = 10</td>
<td><img src="edit.png" alt="Edit" /></td>
</tr>
<tr>
<td>Implement drug-drug and drug-allergy interaction checks</td>
<td>The eligible hospital or CAH has enabled this functionality for the entire EHR reporting period.</td>
<td>Yes</td>
<td><img src="edit.png" alt="Edit" /></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 admitted to the eligible hospital’s or CAH’s inpatient or emergency department (POS 21 or 23) have at least one entry or an indication that no problems are known for the patient recorded as structured data.</td>
<td>Numerator = 9 Denominator = 10</td>
<td><img src="edit.png" alt="Edit" /></td>
</tr>
</tbody>
</table>

---

### Questionnaire: (1 of 14)

**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 90% of all unique patients with at least one medication in their medication list admitted to the eligible hospital’s or CAH’s inpatient or emergency department (POS 21 or 23) have at least one medication order entered using Computerized Provider Order Entry (CPOE).

**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.
- [ ] 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 eligible hospital or CAH during the EHR reporting period.

For additional information: [Meaningful Use Measure Specification Page](https://ehrincentives.cms.gov)
Step 38 – Attestation Summary (cont.)

Clicking on Continue with Attestation will navigate you back to the Attestation Statements page.

Clicking on Next Topic will navigate you to the remaining measure list tables.
Step 39 – Submission Process: **Attestation Statements**

**STEPS**

Check the box next to each statement to attest to the information entered into the Attestation module.

Click **Agree** to proceed with the attestation submission process.

Review the summary information.

Click **Submit Attestation** when you are ready to submit.

**TIPS**

- If you click **Exit**, you will receive a message stating that you are not submitting at this time, your information will be saved and your attestation will display **In Progress**.

- If you click **Disagree** you will go to the Home Page and your attestation will not be submitted.

Step 40 – 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 Hospital Representative**

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 filling this attestation I am certifying 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.

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 Medicare State Agency, Department of Health and Human Services, or contractor acting on their behalf.

No Medicare EHR Incentive Program payment may be made 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 11280, provides penalties for withholding this information.

**TIPS**

If you click **Disagree** you will navigate back to the attestation instructions page. Your status under the Action column will read **Modify or Cancel**.
Step 41 – Submission Receipt (accepted attestation)

**STEPS**

1. Your attestation was accepted
2. Print this receipt for your records
3. Your Medicare Attestation Status will show Accepted and you will receive an email notification

**TIP**

Click on Review Results button from the submission receipt to view your entries

**THIS COMPLETES YOUR ATTESTATION**

If you successfully attested and are a Medicare & Medicaid eligible hospital or CAH, your attestation will be deemed as a meaningful user by Medicare and you will not have to meet the State-specific additional meaningful use requirements in order to qualify for the Medicaid incentive payment.

Your attestation status will read “Accepted” and the attestation action status column will read “View”. The attestation is locked and cannot be edited.
Step 42 – 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). You may resubmit your attestation information again, correct mistakes or re-submit new information if no mistakes were made.

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 new information for a different reporting period during the first payment year to successfully demonstrate meaningful use.

The 90-day reporting period can be a day later (example - 03/01/11 through 05/31/11 versus 03/02/11 through 06/01/11), but that will mean that hospital will have to recalculate all of the numerator and denominator information.

Print this receipt for your records. You will also receive an email notification.

Visit https://www.cms.gov/EHRIncentivePrograms/ for meaningful use requirements.
### Step 43 – Attestation Summary (rejected attestation)

#### STEPS

1. Click on **Review Results** to view the status of each measure.
2. Review each measure for the Accepted/Rejected status.
3. Click **Next Topic** to continue with the Menu measures.

#### TIP

Print the Summary of Measures page for your future reference.

---

### Attestation Summary

<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 30% of all unique patients with at least one medication in their medication list admitted to the eligible hospital’s or CAH’s inpatient or emergency department (POS 21 or 23) have at least one medication order entered using CPOE.</td>
<td>Numerator = 9 Denominator = 19</td>
<td></td>
</tr>
</tbody>
</table>

---

### Summary of Meaningful Use Core Measures

<table>
<thead>
<tr>
<th>Objective</th>
<th>Measure</th>
<th>Reason</th>
<th>Entered</th>
<th>Accepted/Rejected</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 30% of all unique patients with at least one medication in their medication list admitted to the eligible hospital’s or CAH’s inpatient or emergency department (POS 21 or 23) have at least one medication order entered using CPOE.</td>
<td>This measure meets minimum standard.</td>
<td>90.00%</td>
<td>Accepted</td>
</tr>
<tr>
<td>Implement drug-drug and drug-allergy interaction checks</td>
<td>The eligible hospital or CAH has enabled this functionality for the entire EHR reporting period.</td>
<td>This measure meets minimum standard.</td>
<td>Yes</td>
<td>Accepted</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 admitted to the eligible hospital’s or CAH’s inpatient or emergency department (POS 21 or 23) have at least one entry (or an indication that no problems are known for the patient recorded as structured data).</td>
<td>The measure does not meet minimum standard.</td>
<td>90.00%</td>
<td>Rejected</td>
</tr>
<tr>
<td>Maintain active medication list.</td>
<td>More than 80% of all unique patients admitted to the eligible hospital’s or CAH’s inpatient or emergency department (POS 21 or 23) have at least one entry (or an indication that the patient is not currently prescribed any medication) recorded as structured data.</td>
<td>This measure meets minimum standard.</td>
<td>90.00%</td>
<td>Accepted</td>
</tr>
</tbody>
</table>
**Step 44 – Cancel Attestation**

If you choose to cancel a previously submitted attestation, click on CANCEL ATTESTATION from the Summary of Measures page.

**STEPS**

- You may only cancel before your Attestation status is “locked for payment”
- Enter a reason for cancellation
- Click the **Cancel** button

**TIP**

Select the Summary of Measures button if you would like to view all submitted measures before cancelling this attestation
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)

Identity and Access Management 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

EHR Incentive Program Website
https://www.cms.gov/EHRIncentivePrograms/

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

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAH</td>
<td>Critical Access Hospital</td>
</tr>
<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 Measure</td>
</tr>
<tr>
<td>DMF</td>
<td>Social Security Death Master File</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>Identity &amp; Access Management</td>
</tr>
<tr>
<td>IDR</td>
<td>Integrated Data Repository</td>
</tr>
<tr>
<td>LBN</td>
<td>Legal Business Name</td>
</tr>
<tr>
<td>MAC</td>
<td>Medicare Administrative Contractor</td>
</tr>
<tr>
<td>MAO</td>
<td>Medicare Advantage Organization</td>
</tr>
<tr>
<td>NLR</td>
<td>National Level Repository</td>
</tr>
<tr>
<td>NPI</td>
<td>National Provider Identifier</td>
</tr>
<tr>
<td>NPPES</td>
<td>National Plan and Provider Enumeration System</td>
</tr>
<tr>
<td>OIG</td>
<td>Office of the Inspector General</td>
</tr>
<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>
</tr>
<tr>
<td>TIN</td>
<td>Tax Identification Number</td>
</tr>
</tbody>
</table>