

**EHR INCENTIVE PROGRAMS IN 2015 – 2017
FOR STAGE 1 AND STAGE 2 PROVIDERS
ATTESTATION
USER GUIDE**



**For Eligible Hospitals and
Critical Access Hospitals**

**Medicare Electronic Health Record

(EHR) Incentive Program**



Updated June 2016



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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 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>.

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



Step I – Getting Started

Medicare Eligible Hospitals, Medicare & Medicaid Eligible Hospitals and Critical Access Hospitals (CAHs) must attest every year to 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 for the EHR Incentive Program in 2015 through 2017. This guide will help you navigate the Attestation module. The user guide page layout consists of the attestation screen on the left side of the page and written instructions with helpful tips on the bottom of the page.

STEPS

Enter the EHR Incentive Program URL (located at the top of the page) into your web browser

Click **Continue** to start the attestation process



TIP

To determine your eligibility, click on the CMS website.

Step 1 - Getting Started (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

Previous Continue

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

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

STEPS

.....
Please read the statements on the page and check the box to indicate that you acknowledge that you are aware of the statements

Click **Continue**



TIP

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

STEPS

If you are an Eligible Hospital, you must have an active NPI

If you do not have an NPI, you may apply for an NPI in NPPES. Click the link in the body of the screen

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's NPI

If you are working on behalf of an Eligible Hospital(s) and do not have an I&A web user account, click Create a Login in the body of the screen

Click **Log in**



Login Instructions

Eligible Professionals (EPs)

- If you are an EP, you must have an active National Provider Identifier (NPI) and have a National Plan and Provider Enumeration System (NPPES) web user account. Use your NPPES user ID and password to log into this system.
- If you are an EP who does not have an NPI and/or an NPPES web user account, navigate to [NPPES](#) to apply for an NPI and/or create an NPPES web user account.
- Users working on behalf of an Eligible Professional(s) must have an Identity and Access Management system (I&A) web user account (User ID/Password) and be associated to the Eligible Professional's NPI. If you are working on behalf of an Eligible Professional(s) and do not have an I&A web user account, [Create a Login](#) in the I&A System.

Eligible Hospitals

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

Associated with both Eligible Professionals (EPs) and Eligible Hospitals

- If you are an EP using your NPPES web user account, you may also be permitted to work on behalf of a hospital. Navigate to the I&A System and use your NPPES User ID and password to request to work on behalf of an organization.
- Users working on behalf of an Eligible Professional(s) may also work on behalf of an Eligible Hospital(s). An Identity and Access Management system (I&A) web user account (User ID/Password) can be associated to both an Eligible Professional NPI and an organization NPI. If you do not have an I&A web user account, [Create a Login](#) in the I&A System.

Account Management

- If you are an existing user and need to reset your password, visit the [I&A System](#).
- If you are having issues with your User ID/Password and are unable to log in, please contact the EHR Incentive Program Information Center at 888-734-6433 / TTY: 888-734-6563.

(*) Red asterisk indicates a required field.

*User ID:

*Password:

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

Log In

Cancel

Web Policies & Important Links

Department of Health & Human Services

[CMS.gov](#)

[Accessibility](#)

[File Formats and Plugins](#)



TIPS

To contact the I&A help desk, call; 1(866) 484-8049 or email EUSupport@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 screenshot shows the 'Welcome to the Medicare & Medicaid EHR Incentive Program Registration & Attestation System' page. At the top, there is a navigation bar with tabs for 'Home', 'Registration', 'Attestation', and 'Status'. Below the navigation bar, the page displays the following content:

- Welcome Message:** A message stating that the user's records indicate they have completed Medicare attestation for program year 2016, but they are ineligible to receive Medicare EHR Incentive Payment. It provides information on the maximum number of consecutive years of Medicare EHR Incentive payments and the last Medicare payment year for Critical Access hospitals (2015).
- Instructions:** A section titled 'Instructions' with a sub-section 'Attestation' circled in red. It lists several options for Medicare participants, including 'Attest for the Incentive Program', 'Continue Incomplete Attestation', 'Modify Existing Attestation', 'Discontinue Attestation', 'Resubmit Failed or Rejected Attestation', and 'Reactivate Canceled Attestation'.
- Status:** A section titled 'Status' with a sub-section 'View current status of Registration(s), Attestation(s), and Payment(s) for the Incentive Program'.

STEPS

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



TIPS

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

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

Step 3 – Attestation Instructions

Medicare Attestation Selection

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

Filter Selection

To filter the records being displayed, please use the following:
Select a Category to Filter by:

Displaying records 1 - 5 of 5 found Records Per Page: 5

Name	Tax Identifier	CMS Certification Number (CCN)	Program Type	Medicare Attestation Status	Program Year	Payment Year	Action
	(EIN)	290283	MEDICARE	Passed	2016	N/A	<input type="button" value="Modify"/> <input type="button" value="View"/>
	(EIN)	290283	MEDICARE	Payment Issued	2014	4	<input type="button" value="View"/>
	(EIN)	290283	MEDICARE	Payment Issued	2013	3	<input type="button" value="View"/>
	(EIN)	290283	MEDICARE	Payment Issued	2012	2	<input type="button" value="View"/>
	(EIN)	290283	MEDICARE	Payment Issued	2011	1	<input type="button" value="View"/>

Medicare Attestation Batch

Please select the **Attestation Batch Upload** button to upload Attestations(s) using a batch file.

Medicare & Medicaid EHR Incentive Program
Registration and Attestation System

My Account | Log Out | Help

Welcome

Home | Registration | **Attestation** | Status

Status Selection

Status Summary

You have successfully navigated to the Status Summary page.
The following table outlines a list of all current statuses. Please click the Select button to navigate to the Status Information page, to review all current and historical information related to registration, attestation, and payment.

Name	Tax Identifier	National Provider Identifier (NPI)	CMS Certification Number (CCN)	Incentive Type	Current Status	Action
	(EIN)	153899009	290283	Both	Our records indicate that you have completed your Medicare attestation for program year 2016. However, you are ineligible to receive Medicare EHR Incentive Payment. Eligible hospitals who attest for the first time in program year 2016 and beyond are not eligible for Medicare EHR Incentive payments. Returning eligible hospitals can receive a maximum of 4 consecutive years of Medicare EHR Incentive payments. The last year that a Subsection D hospital can receive a Medicare EHR Incentive Payment is 2016 and the last Medicare payment year for Critical Access hospitals is 2015. You must continue to submit your meaningful use attestation each year in order to avoid incurring a payment adjustment to your Medicare claims. Please visit Eligible Hospitals Information for more information.	<input type="button" value="Select"/>

STEPS

Read the Attestation Instructions

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



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 three (3) topics for Attestation.

STEPS

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

The screenshot shows the Medicare & Medicaid EHR Incentive Program Registration and Attestation System interface. At the top left is the logo for the Medicare & Medicaid EHR Incentive Program. To its right are links for "My Account", "Log Out", and "Help". Below these is a "Welcome" message. A navigation bar contains "Home", "Registration", "Attestation" (highlighted in green), and "Status". The main heading is "Attestation Progress".

Reason for Attestation
You are modifying your attestation information.

Topics
The data required for this attestation is grouped into topics. In order to complete your attestation, you must complete ALL of the following topics. Select the **TOPIC** and provide the required information. The system will show when each **TOPIC** is completed.

1	Attestation Information	Completed	▶
2	Meaningful Use Objectives	Completed	▶
3	Clinical Quality Measures	Electronic Reporting Program	▶

Note:
When all topics are marked as completed, select the **Continue with Attestation** button to complete the attestation process. The topic of Clinical Quality Measures should be considered complete if it has a status of Electronic Reporting Program.

The "Continue with Attestation" button is circled in red.

Tax Identifier:
NPI:
CCN:
Program Year: 2016

At the bottom, there are links for "Web Policies & Important Links", "Department of Health & Human Services", "CMS.gov", "Accessibility", and "File Formats and Plugins". The CMS logo is also present.

Step 5 – Attestation Information

The screenshot displays the 'Attestation Information' page. At the top, there's a navigation bar with 'Home', 'Registration', 'Attestation', and 'Status' tabs. Below this, a green header reads 'Attestation Information'. The main content area includes several sections:

- Red asterisk indicates a required field.**
- Tax Identifier:** NPI, CCN, Program Year: 2016.
- EHR Certification Number:** A field with a red circle around it and a link 'How do I find my EHR Certification Number?'. A note below says: 'Note: If an EHR Certification Number is displayed, please verify that it is accurate.'
- Emergency Department Admissions:** A section with radio buttons for 'Observation Service Method' and 'All ED Visits Method', with red arrows pointing to them.
- Payment Penalty Information:** A section with a checkbox and text about MU and CQM submissions.
- EHR Reporting Period:** Fields for 'EHR Reporting Period Start Date' and 'EHR Reporting Period End Date'.
- Buttons:** 'Previous' and 'Save & Continue' buttons, with 'Save & Continue' circled in red.

 An overlay for the 'Certified Health IT Product List' (CHPL) is shown at the bottom, with a red circle around the 'Ambulatory Practice Type' button. The CHPL overlay includes instructions on how to use the website and lists steps for selecting a practice type.

STEPS

Enter your CMS EHR Certification Number

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

Enter the EHR Reporting Period through the drop-down menu.

For all returning participants, the EHR reporting period will be a minimum of any continuous 90-day period between January 1, 2016 and December 31, 2016.

Eligible Hospitals and CAHs that have not successfully demonstrated meaningful use in a prior year would be required to attest to Modified Stage 2 objectives and measures by October 1, 2017. Returning Eligible Hospitals and CAHs will report to different systems in 2017 and therefore would not be affected by this proposal.

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; <https://questions.cms.gov/faq.php?faqId=2843>

STAGE I - Eligible Hospitals/CAHs

The following are objectives and measures for the EHR Incentive Programs for eligible hospitals and CAHs who are in Stage I for years prior to 2016. Certain measures include alternate exclusions and specifications to allow providers who were previously scheduled to be in a Stage I EHR reporting period to use a lower threshold for certain measures, or to allow providers to exclude Modified Stage 2 measures for which there is no Stage I equivalent.

If you are in Stage 2, please skip this section and go directly to the [Stage 2 Eligible Hospitals](#) section.

STEPS

Choose **3 of the 4** public health measures. Eligible hospitals/CAHs scheduled to be in Stage 1 must attest to at least 3 measures from the Public Health Reporting Objective Measures 1-4.

However, eligible hospitals/CAHs may claim an alternative exclusion for measure 3 (specialized registry reporting) as this measure might require the acquisition of additional technologies eligible hospitals/CAHs did not previously have or did not previously intend to include in their activities of meaningful use.

Note: The specialized registry reporting measure allows multiple responses for an additional registry.

Meaningful Use Objectives

Instructions: You must report to all nine Meaningful Use Objectives.

To meet meaningful use for the Public Health Reporting Objective in 2016:

You are required to select and attest to any combination of three measures from Public Health Reporting Measures 1-4 (Immunization Reporting, Syndromic Surveillance Reporting, Specialized Registry Reporting, and Electronic Reportable Laboratory Result Reporting).

- You may claim an Alternate Exclusion Specialized Registry Reporting.
- Specialized Registry Reporting measure additional registry.
- An Alternate Exclusion may only be claimed if the provider must either attest to or meet the remaining Public Health Reporting Measures 1-4.

Public Health Reporting Objective	Measures	Select
The eligible hospital or CAH is in active engagement with a public health agency to submit electronic public health data from certified EHR technology, except where prohibited, and in accordance with applicable law and practice.	Immunization Registry Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit immunization data.	<input type="checkbox"/>
	Syndromic Surveillance Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit syndromic surveillance data.	<input type="checkbox"/>
	Specialized Registry Reporting (1): The eligible hospital or CAH is in active engagement to submit data to a specialized registry.	<input type="checkbox"/>
	Specialized Registry Reporting (2): The eligible hospital or CAH is in active engagement to submit data to a second specialized registry.	<input type="checkbox"/>
	Specialized Registry Reporting (3): The eligible hospital or CAH is in active engagement to submit data to a third specialized registry.	<input type="checkbox"/>
	Electronic Reportable Laboratory Result Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit electronic reportable laboratory (ELR) results.	<input type="checkbox"/>

Please select the **Previous** button to go back a page. Select the **Return to Attestation Progress** button to view your progress through the attestation topics. Please note that any changes that you have made on this page will not be saved. Select the **Save & Continue** button to save your entry and proceed.

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

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



TIPS

An eligible hospital or CAH that claims an exclusion (or applicable alternate exclusion) on any of the Public Health Reporting measures must select all Public Health measure options on this screen and either attest to an exclusion or alternate exclusion, or meet the measure to avoid an error. We finalized in the 2015 EHR Incentive Programs final rule that an exclusion for a measure does not count toward the total of three measures. Therefore, the eligible hospital or CAH must claim the applicable exclusions or attest to the remaining measures in order to meet the objective. However, if an exclusion is claimed for Specialized Registry Reporting, it does not need to be selected more than once.

Step 6 – Meaningful Use Objectives – Questionnaire (1 of 9)

Medicare & Medicaid EHR Incentive Program
Registration and Attestation System

My Account | Log Out | Help
Welcome

Home | Registration | **Attestation** | Status

Meaningful Use Objectives

Questionnaire: (1 of 9)

(*) Red asterisk indicates a required field.

Objective: Protect electronic protected health information (ePHI) created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities.

Measure: Conduct or review a security risk analysis in accordance with the requirements under 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of ePHI created or maintained in certified EHR technology in accordance with requirements under 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), and implement security updates as necessary and correct identified security deficiencies as part of the eligible hospital's or CAH's risk management process.

Complete the following information:

*Have you conducted or reviewed a security risk analysis in accordance with the requirements under 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of ePHI created or maintained in certified EHR technology in accordance with requirements under 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), and implemented security updates as necessary and correctly identified security deficiencies as part of the eligible hospital's or CAH's risk management process?

Yes No

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

Please select the **Previous** button to go back a page. Select the **Return to Attestation Progress** button to view your progress through the attestation topics. Please note that any changes that you have made on this page will not be saved. Select the **Save & Continue** button to save your entry and proceed.

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

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

STEPS

Select Yes or No

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.

Step 7 – Meaningful Use Objectives – Questionnaire (2A of 9)

Medicare & Medicaid EHR Incentive Program
Registration and Attestation System

My Account | Log Out | Help
Welcome

Home | Registration | **Attestation** | Status

Meaningful Use Objectives

Questionnaire: (2A of 9)

(*) Red asterisk indicates a required field.

Objective: Use clinical decision support to improve performance on high-priority health conditions.

Measure: Implement five clinical decision support interventions related to four or more clinical quality measures at a relevant point in patient care for the entire EHR reporting period. Absent four clinical quality measures related to an eligible hospital or CAH's scope of practice or patient population, the clinical decision support interventions must be related to high-priority health conditions.

Complete the following information:

*Have you implemented five clinical decision support interventions related to four or more clinical quality measures at a relevant point in patient care for the entire EHR reporting period?

Yes No

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

Please select the **Previous** button to go back a page. Select the **Return to Attestation Progress** button to view your progress through the attestation topics. Please note that any changes that you have made on this page will not be saved. Select the **Save & Continue** button to save your entry and proceed.

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

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

CMS

STEPS

Choose Yes or No.

Click **Save & Continue**.

Step 8 – Meaningful Use Objectives – Questionnaire (2B of 9)

My Account | Log Out | Help
Welcome

Home | Registration | **Attestation** | Status

Meaningful Use Objectives

Questionnaire: (2B of 9)

(*) Red asterisk indicates a required field.

Objective: Use clinical decision support to improve performance on high-priority health conditions.

Measure: Enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period.

Complete the following information:

*Has the eligible hospital or CAH enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period?

Yes No

Tax Identifier:
NPI:
CCN:
Program Year: 2016

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

Please select the **Previous** button to go back a page. Select the **Return to Attestation Progress** button to view your progress through the attestation topics. Please note that any changes that you have made on this page will not be saved. Select the **Save & Continue** button to save your entry and proceed.

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

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

STEPS

Choose Yes or No.

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.

Step 9 – Meaningful Use Objectives – Questionnaire (3A of 9)

Medicare & Medicaid EHR Incentive Program
Registration and Attestation System

My Account | Log Out | Help
Welcome

Home | Registration | **Attestation** | Status

Meaningful Use Objectives

Questionnaire: (3A of 9)

(*) Red asterisk indicates a required field.

Objective: Use computerized provider order entry for medication, laboratory, and radiology 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 60 percent of medication orders created by the authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using computerized provider order entry.

***PATIENT RECORDS:** Please select whether the data used to support the measure 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 only extracted from patient records maintained using certified EHR technology.

Complete the following information:

Numerator The number of orders in the denominator recorded using computerized provider order entry.

Denominator The number of medication orders created by the authorized providers in the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

*Numerator: *Denominator:

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

Please select the **Previous** button to go back a page. Select the **Return to Attestation Progress** button to view your progress through the attestation topics. Please note that any changes that you have made on this page will not be saved. Select the **Save & Continue** button to save your entry and proceed.

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

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

Select the appropriate option under Patient Records.

Enter the numerator and denominator for the measure.

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



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 the attestation.

Step 10 – Meaningful Use Objectives – Questionnaire (3B of 9)

Medicare & Medicaid EHR Incentive Program
Registration and Attestation System

My Account | Log Out | Help
Welcome

Home | Registration | **Attestation** | Status

Meaningful Use Objectives

Questionnaire: (3B of 9)

(*) Red asterisk indicates a required field.

Objective: Use computerized provider order entry for medication, laboratory, and radiology orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local, and professional guidelines.

Measure: More than 30 percent of laboratory orders created by the authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using computerized provider order entry.

ALTERNATE EXCLUSION: The eligible hospital or CAH scheduled to be in Stage 1 in 2016 may claim an exclusion for measure 2 (laboratory orders) of the Stage 2 computerized provider order entry objective for an EHR reporting period in 2016.

*Do you want to claim this alternate exclusion?

Yes No

*PATIENT RECORDS: Please select whether the data used to support the measure 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 only extracted from patient records maintained using certified EHR technology.

Complete the following information:

Numerator The number of orders in the denominator recorded using computerized provider order entry.

Denominator The number of laboratory orders created by the authorized providers in the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

*Numerator: *Denominator:

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

Please select the **Previous** button to go back a page. Select the **Return to Attestation Progress** button to view your progress through the attestation topics. Please note that any changes that you have made on this page will not be saved. Select the **Save & Continue** button to save your entry and proceed.

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STEPS

Select the appropriate option under Patient Records.

Answer Yes or No to the **Alternate Exclusion**.

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

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



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.)

Step II – Meaningful Use Objectives – Questionnaire (3C of 9)

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Meaningful Use Objectives

Questionnaire: (3C of 9)
(*) Red asterisk indicates a required field.

Objective: Use computerized provider order entry for medication, laboratory, and radiology orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local, and professional guidelines.

Measure: More than 30 percent of laboratory orders created by the authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using computerized provider order entry.

ALTERNATE EXCLUSION: The eligible hospital or CAH scheduled to be in Stage 1 in 2016 may claim an exclusion for measure 3 (radiology orders) of the Stage 2 computerized provider order entry objective for an EHR reporting period in 2016.

***Do you want to claim this alternate exclusion?**

Yes No

***PATIENT RECORDS:** Please select whether the data used to support the measure 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 only extracted from patient records maintained using certified EHR technology.

Complete the following information:

Numerator The number of orders in the denominator recorded using computerized provider order entry.

Denominator The number of radiology orders created by the authorized providers in the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

*Numerator: *Denominator:

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

Please select the **Previous** button to go back a page. Select the **Return to Attestation Progress** button to view your progress through the attestation topics. Please note that any changes that you have made on this page will not be saved. Select the **Save & Continue** button to save your entry and proceed.

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STEPS

Select the appropriate option under Patient Records.

Answer Yes or No to the **Alternate Exclusion**.

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

Click on **Save & Continue**.

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.)

Step 12 – Meaningful Use Objectives – Questionnaire (4 of 9)

Medicare & Medicaid EHR Incentive Program
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Meaningful Use Objectives

Questionnaire: (4 of 9)

(*) Red asterisk indicates a required field.

Tax Identifier:
NPI:
CCN:
Program Year: 2016

Objective: Generate and transmit permissible discharge prescriptions electronically (eRx).

Measure: More than 10 percent of hospital discharge medication orders for permissible prescriptions (for new and changed prescriptions) are queried for a drug formulary and transmitted electronically using certified EHR technology.

ALTERNATE EXCLUSION: The eligible hospital or CAH may claim an exclusion for the eRx objective and measure for an EHR reporting period in 2016 if they were scheduled to demonstrate Stage 1 in 2016.

*Do you want to claim this alternate exclusion?

Yes No

EXCLUSION: Any eligible hospital or CAH that does not have an internal pharmacy that can accept electronic prescriptions and is not located within 10 miles of any pharmacy that accepts electronic prescriptions at the start of their EHR reporting period. 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 the data used to support the measure 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 only extracted from patient records maintained using certified EHR technology.

Complete the following information:

Numerator The number of prescriptions in the denominator generated, queried for a drug formulary, and transmitted electronically.

Denominator The number of new or changed permissible prescriptions written for drugs requiring a prescription in order to be dispensed for patients discharged during the EHR reporting period.

*Numerator: *Denominator:

STEPS

Select the appropriate option under Patient Records.

Answer Yes or No to the **Alternate Exclusion** or Exclusion.

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

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



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.)

Step 13 – Meaningful Use Objectives – Questionnaire (5 of 9)

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Meaningful Use Objectives

Questionnaire: (5 of 9)

(*) Red asterisk indicates a required field.

Objective: The eligible hospital or CAH who transitions its patient to another setting of care or provider of care or refers its patient to another provider of care provides a summary of care record for each transition of care or referral.

Measure: The eligible hospital or CAH that transitions or refers its patient to another setting of care or provider of care must do the following:
(1) Use certified EHR technology to create a summary of care record; and
(2) Electronically transmit such summary to a receiving provider for more than 10 percent of transitions of care and referrals.

***PATIENT RECORDS:** Please select whether the data used to support the measure 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 only extracted from patient records maintained using certified EHR technology.

Complete the following information:

Numerator: The number of transitions of care and referrals in the denominator where a summary of care record was created using certified EHR technology and exchanged electronically.

Denominator: The number of transitions of care and referrals during the EHR reporting period for which the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) was the transferring or referring provider.

*Numerator: *Denominator:

Tax Identifier:
NPI:
CCN:
Program Year: 2016

STEPS

Select the appropriate option under Patient Records.

Enter the numerator and denominator for the measure.

Click on **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.

Step 14 – Meaningful Use Objectives – Questionnaire (6 of 9)

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Meaningful Use Objectives

Questionnaire: (6 of 9)

(*) Red asterisk indicates a required field.

Objective: Use clinically relevant information from certified EHR technology to identify patient-specific education resources and provide those resources to the patient.

Measure: More than 10 percent of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) are provided patient-specific education resources identified by certified EHR technology.

Complete the following information:

Numerator The number of patients in the denominator who are subsequently provided patient-specific education resources identified by certified EHR technology.

Denominator The number of unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

*Numerator: *Denominator:

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

Please select the **Previous** button to go back a page. Select the **Return to Attestation Progress** button to view your progress through the attestation topics. Please note that any changes that you have made on this page will not be saved. Select the **Save & Continue** button to save your entry and proceed.

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OFFICE OF MEDICARE & MEDICAID SERVICES

STEPS

Enter the numerator and denominator for the measure.

Click on **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.

Step 15 – Meaningful Use Objectives – Questionnaire (7 of 9)

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Meaningful Use Objectives

Questionnaire: (7 of 9)

(*) Red asterisk indicates a required field.

Objective: The eligible hospital or CAH that receives a patient from another setting of care or provider of care or believes an encounter is relevant performs medication reconciliation.

Measure: The eligible hospital or CAH performs medication reconciliation for more than 50 percent of transitions of care in which the patient is admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23).

***PATIENT RECORDS:** Please select whether the data used to support the measure 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 only extracted from patient records maintained using certified EHR technology.

Complete the following information:

Numerator The number of transitions of care in the denominator where medication reconciliation was performed.

Denominator The number of transitions of care during the EHR reporting period for which the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) was the receiving party of the transition.

*Numerator: *Denominator:

Tax Identifier:
NPI:
CCN:
Program Year: 2016

STEPS

Select the appropriate option under Patient Records.

Enter the numerator and denominator for the measure.

Click on **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.

Step 16 – Meaningful Use Objectives – Questionnaire (8A of 9)

Medicare & Medicaid EHR Incentive Program
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Meaningful Use Objectives

Questionnaire: (8A of 9)

(*) Red asterisk indicates a required field.

Objective: Provide patients the ability to view online, download, and transmit their health information within 36 hours of hospital discharge.

Measure: More than 50 percent of all unique patients who are discharged from the inpatient or emergency department (POS 21 or 23) of an eligible hospital or CAH have timely access to view online, download and transmit to a third party their health information.

Complete the following information:

Numerator The number of patients in the denominator who have access to view, download, and transmit their health information within 36 hours after the information is available to the eligible hospital or CAH.

Denominator The number of unique patients discharged from an eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

*Numerator: *Denominator:

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

Please select the **Previous** button to go back a page. Select the **Return to Attestation Progress** button to view your progress through the attestation topics. Please note that any changes that you have made on this page will not be saved. Select the **Save & Continue** button to save your entry and proceed.

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STEPS

Enter the numerator and denominator.

Click on **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.

Step 17 – Meaningful Use Objectives – Questionnaire (8B of 9)

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Meaningful Use Objectives

Questionnaire: (8B of 9)

(*) Red asterisk indicates a required field.

Objective: Provide patients the ability to view online, download, and transmit their health information within 36 hours of hospital discharge.

Measure: At least one patient (or patient-authorized representative) who is discharged from the inpatient or emergency department (POS 21 or 23) of an eligible hospital or CAH views, downloads, or transmits to a third party his or her health information during the EHR reporting period.

EXCLUSION: Based on ALL patient records: Any eligible hospital or CAH that is located in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period. Exclusion from this requirement does not prevent an eligible hospital or CAH from achieving meaningful use.

***Does this exclusion apply to you?**

Yes No

Complete the following information:

Numerator The number of patients (or patient-authorized representative) in the denominator who view, download, or transmit their health information.

Denominator The number of unique patients discharged from the inpatient or emergency department (POS 21 or 23) of the eligible hospital or CAH during the EHR reporting period.

*Numerator: *Denominator:

Tax Identifier:
NPI:
CCN:
Program Year: 2016

STEPS

Answer Yes or No to the exclusion.

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

Click on **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.

Step 18 – Meaningful Use Objectives – Questionnaire (9A of 9)

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Meaningful Use Objectives

Questionnaire: (9A of 9)

(*) Red asterisk indicates a required field.

Objective: The eligible hospital or CAH is in active engagement with a public health agency to submit electronic public health data from certified EHR technology, except where prohibited, and in accordance with applicable law and practice.

Measure: Immunization Registry Reporting; The eligible hospital or CAH is in active engagement with a public health agency to submit immunization data.

EXCLUSION: Any eligible hospital or CAH meeting one or more of the following criteria may be excluded from the immunization registry reporting measure if the eligible hospital or CAH:

- (1) Does not administer any immunizations to any of the populations for which data is collected by their jurisdiction's immunization registry or immunization information system during the EHR reporting period;
- (2) Operates in a jurisdiction for which no immunization registry or immunization information system is capable of accepting the specific standards required to meet the certified EHR technology definition at the start of the EHR reporting period; or
- (3) Operates in a jurisdiction where no immunization registry or immunization information system has declared readiness to receive immunization data from the eligible hospital or CAH at the start of the EHR reporting period.

Exclusion from this requirement does not prevent an eligible hospital or CAH from achieving meaningful use.

***Does this exclusion apply to you?**

Yes No

Complete the following information:

***Have you had active engagement with a public health agency to submit electronic immunization data from certified EHR technology to an immunization registry or immunization information system for the entire EHR reporting period?**

Yes No

Tax Identifier:
NPI:
CCN:
Program Year: 2016

STEPS

Answer Yes or No to the Exclusion.

If the exclusion does not apply to you, select Yes or No to the measure.

Click on **Save & Continue**.

Note: If you did not select this public health measure option at the beginning of attestation, you will not see this screen. You will only see the screen for the public health options you chose.

Step 19 – Meaningful Use Objectives – Questionnaire (9B of 9)

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Meaningful Use Objectives

Questionnaire: (9B of 9)

(*) Red asterisk indicates a required field.

Objective: The eligible hospital or CAH is in active engagement with a public health agency to submit electronic public health data from certified EHR technology, except where prohibited, and in accordance with applicable law and practice.

Measure: Syndromic Surveillance Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit syndromic surveillance data.

EXCLUSION: Any eligible hospital or CAH meeting one or more of the following criteria may be excluded from the syndromic surveillance reporting measure if the eligible hospital or CAH:
(1) Does not have an emergency or urgent care department;
(2) Operates in a jurisdiction for which no public health agency is capable of receiving electronic syndromic surveillance data from eligible hospitals or CAHs in the specific standards required to meet the certified EHR technology definition at the start of the EHR reporting period; or
(3) Operates in a jurisdiction where no public health agency has declared readiness to receive syndromic surveillance data from eligible hospitals or CAHs at the start of the EHR reporting period.
Exclusion from this requirement does not prevent an eligible hospital or CAH from achieving meaningful use.

*Does this exclusion apply to you?

Yes No

Complete the following information:

*Have you had active engagement with a public health agency to submit electronic syndromic surveillance data from certified EHR technology to the public health agency for the entire EHR reporting period?

Yes No

Tax Identifier:
NPI:
CCN:
Program Year: 2016

STEPS

Answer Yes or No to the Exclusion.

If the exclusion does not apply to you, select Yes or No to the measure.

Click on **Save & Continue**.

Note: If you did not select this public health measure option at the beginning of attestation, you will not see this screen. You will only see the screen for the public health options you chose.

Step 20 – Meaningful Use Objectives – Questionnaire (9C of 9)

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Meaningful Use Objectives

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

Tax Identifier:
NPI:
CCN:
Program Year: 2016

Objective: The eligible hospital or CAH is in active engagement with a public health agency to submit electronic public health data from certified EHR technology, except where prohibited, and in accordance with applicable law and practice.

Measure: **Specialized Registry Reporting (1)**; The eligible hospital or CAH is in active engagement to submit data to a specialized registry.

ALTERNATE EXCLUSION: Providers may claim an alternate exclusion for measure 3 (specialized registry reporting) of the Public Health Reporting objective for an EHR reporting period in 2016 as this measure might require the acquisition of additional technologies the provider did not previously have or did not previously intend to include in their activities for meaningful use.

Note: An alternate exclusion may only be claimed for this measure, then the provider must either attest to or meet the exclusion requirements for the remaining measures described in 495.22 (e)(10)(ii)(C).

*Do you want to claim this alternate exclusion?
 Yes No

EXCLUSION: Any eligible hospital or CAH meeting one or more of the following criteria may be excluded from the specialized registry reporting measure if the eligible hospital or CAH:
(1) Does not diagnose or treat any disease or condition associated with or collect relevant data that is required by a specialized registry in their jurisdiction during the EHR reporting period;
(2) Operates in a jurisdiction for which no specialized registry is capable of accepting electronic registry transactions in the specific standards required to meet the certified EHR technology definition at the start of the EHR reporting period; or
(3) Operates in a jurisdiction where no specialized registry for which the eligible hospital or CAH is eligible has declared readiness to receive electronic registry transactions at the start of the EHR reporting period.
Exclusion from this requirement does not prevent an eligible hospital or CAH from achieving meaningful use.

*Does this exclusion apply to you?
 Yes No

Complete the following information:
*Have you had active engagement with specialized registries, excluding cancer registries, to submit data from certified EHR technology for the entire EHR reporting period?
 Yes No

Objective: The eligible hospital or CAH is in active engagement with a public health agency to submit electronic public health data from certified EHR technology, except where prohibited, and in accordance with applicable law and practice.

Measure: **Specialized Registry Reporting (2)**; The eligible hospital or CAH is in active engagement to submit data to a **second** specialized registry.

Complete the following information:
*Have you had active engagement with specialized registries, excluding cancer registries, to submit data from certified EHR technology for the entire EHR reporting period?
 Yes No

Objective: The eligible hospital or CAH is in active engagement with a public health agency to submit electronic public health data from certified EHR technology, except where prohibited, and in accordance with applicable law and practice.

Measure: **Specialized Registry Reporting (3)**; The eligible hospital or CAH is in active engagement to submit data to a **third** specialized registry.

Complete the following information:
*Have you had active engagement with specialized registries, excluding cancer registries, to submit data from certified EHR technology for the entire EHR reporting period?
 Yes No

STEPS

Answer Yes or No to the **Alternate Exclusion** or Exclusion.

If the exclusion or alternate exclusion does not apply to you, select Yes or No to the measure.

Click on **Save & Continue**.

Note: If you did not select this public health measure option at the beginning of attestation, you will not see this screen. You will only see the screen for the public health options you chose.

Eligible hospitals and CAHs may report to more than one specialized registry and may count specialized registry reporting more than once to meet the required number of measures for the objective.

Step 2I – Meaningful Use Objectives – Questionnaire (9D of 9)

Medicare & Medicaid EHR Incentive Program
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Meaningful Use Objectives

Questionnaire: (9D of 9)

(*) Red asterisk indicates a required field.

Objective: The eligible hospital or CAH is in active engagement with a public health agency to submit electronic public health data from certified EHR technology, except where prohibited, and in accordance with applicable law and practice.

Measure: **Electronic Reportable Laboratory Result Reporting:** The eligible hospital or CAH is in active engagement with a public health agency to submit electronic reportable laboratory (ELR) results.

EXCLUSION: Any eligible hospital or CAH meeting one or more of the following criteria may be excluded from the electronic reportable laboratory result reporting measure if the eligible hospital or CAH:
(1) Does not perform or order laboratory tests that are reportable in their jurisdiction during the EHR reporting period;
(2) Operates in a jurisdiction for which no public health agency is capable of accepting the specific ELR standards required to meet the certified EHR technology definition at the start of the EHR reporting period; or
(3) Operates in a jurisdiction where no public health agency has declared readiness to receive electronic reportable laboratory results from eligible hospitals or CAHs at the start of the EHR reporting period.
Exclusion from this requirement does not prevent an eligible hospital or CAH from achieving meaningful use.

***Does this exclusion apply to you?**

Yes No

Complete the following information:

***Have you had active engagement with a public health agency to submit electronic reportable laboratory results from certified EHR technology to the public health agency for the entire EHR reporting period?**

Yes No

Tax Identifier:
NPI:
CCN:
Program Year: 2016

STEPS

Answer Yes or No to the Exclusion.

If the exclusion does not apply to you, select Yes or No to the measure.

Click on **Save & Continue**.

Note: If you did not select this public health measure option at the beginning of attestation, you will not see this screen. You will only see the screen for the public health options you chose.

To complete your attestation, skip to **page 46**.

STAGE 2 - Eligible Hospitals/CAHs

The following are objectives and measures for the EHR Incentive Programs in 2015-2017 (Modified Stage 2) or eligible professionals who are in Stage 2 in 2016.

The screenshot shows the 'Meaningful Use Objectives' section of the CMS attestation system. It includes instructions for selecting measures and a table of objectives. Below this, a table of Public Health Reporting measures is shown with checkboxes for selection.

Meaningful Use Objectives	Select
Protect electronic protected health information (ePHI) created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities.	Required
Use clinical decision support to improve performance on high-priority health conditions.	Required
Use computerized provider order entry for medication, laboratory, and radiology orders directly entered by any licensed healthcare professional that can enter orders into the medical record per state, local, and professional guidelines.	Required
Generate and transmit permissible discharge prescriptions electronically (eRx).	Required
The eligible hospital or CAH who transitions its patient to another setting of care or provider of care or refers its patient to another provider of care provides a summary care record for each transition of care or referral.	Required
Use clinically relevant information from certified EHR technology to identify patient-specific education resources and provide those resources to the patient.	Required
The eligible hospital or CAH that receives a patient from another setting of care or provider of care or balances an encounter or relevant performs medication reconciliation.	Required
Provide patients the ability to view, print, download, and transmit information within 24 hours of hospital discharge.	Required

Measures	Select
Immunization Registry Reporting Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit immunization data.	<input type="checkbox"/>
Syndromic Surveillance Reporting Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit syndromic surveillance data.	<input type="checkbox"/>
Specialized Registry Reporting (1) Reporting: (1) The eligible hospital or CAH is in active engagement with a public health agency to submit electronic public health data from certified EHR technology, except where prohibited, and in accordance with applicable law and practice.	<input type="checkbox"/>
Specialized Registry Reporting (2) Reporting: (2) The eligible hospital or CAH is in active engagement to submit data to a second specialized registry.	<input type="checkbox"/>
Specialized Registry Reporting (3) Reporting: (3) The eligible hospital or CAH is in active engagement to submit data to a third specialized registry.	<input type="checkbox"/>
Electronic Reportable Laboratory Result Reporting Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit electronic reportable laboratory (ELR) results.	<input type="checkbox"/>

STEPS

.....
Choose **3 of the 4** public health measures. Eligible Hospitals/CAHs scheduled to be in Stage 2 must attest to any combination of 3 measures from the Public Health Reporting Objective Measures 1-4.

Note: Eligible Hospitals/CAHs may claim an Alternate Exclusion for Measure 3 (Specialized Registry Reporting).

Choose 3 of the 4 public health measures.



TIPS

An eligible hospital or CAH that claims an exclusion (or applicable alternate exclusion) on any of the Public Health Reporting measures must select all Public Health measure options on this screen and either attest to an exclusion or alternate exclusion, or meet the measure to avoid an error. We finalized in the 2015 EHR Incentive Programs final rule that an exclusion for a measure does not count toward the total of three measures. Therefore, the eligible hospital or CAH must claim the applicable exclusions or attest to the remaining measures in order to meet the objective. However, if an exclusion is claimed for Specialized Registry Reporting, it does not need to be selected more than once.

Step 6 – Meaningful Use Objectives – Questionnaire (1 of 9)

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Meaningful Use Objectives

Questionnaire: (1 of 9)

(*) Red asterisk indicates a required field.

Objective: Protect electronic protected health information (ePHI) created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities.

Measure: Conduct or review a security risk analysis in accordance with the requirements under 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of ePHI created or maintained in certified EHR technology in accordance with requirements under 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), and implement security updates as necessary, and correct identified security deficiencies as part of the eligible hospital's or CAH's risk management process.

Complete the following information:

*Have you conducted or reviewed a security risk analysis in accordance with the requirements under 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of ePHI created or maintained by certified EHR technology in accordance with requirements under 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), and implemented security updates as necessary and corrected identified security deficiencies as part of the eligible hospital's or CAH's risk management process?

Yes No

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

Please select the **Previous** button to go back a page. Select the **Return to Attestation Progress** button to view your progress through the attestation topics. Please note that any changes that you have made on this page will not be saved. Select the **Save & Continue** button to save your entry and proceed.

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STEPS

Select Yes or No

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.

Step 7 – Meaningful Use Objectives – Questionnaire (2A of 9)

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Meaningful Use Objectives

Questionnaire: (2A of 9)

(*) Red asterisk indicates a required field.

Objective: Use clinical decision support to improve performance on high-priority health conditions.

Measure: Implement five clinical decision support interventions related to four or more clinical quality measures at a relevant point in patient care for the entire EHR reporting period. Absent four clinical quality measures related to an eligible hospital's or CAH's scope of practice or patient population, the clinical decision support interventions must be related to high-priority health conditions.

Complete the following information:

*Have you implemented five clinical decision support interventions related to four or more clinical quality measures at a relevant point in patient care for the entire EHR reporting period?

Yes No

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

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STEPS

Select Yes or No.

Click **Save & Continue**



TIPS

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Step 8 – Meaningful Use Objectives – Questionnaire (2B of 9)

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Registration and Attestation System

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Meaningful Use Objectives

Questionnaire: (2B of 9)

(*) Red asterisk indicates a required field.

Objective: Use clinical decision support to improve performance on high-priority health conditions.

Measure: Enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period.

Complete the following information:

*Has the eligible hospital or CAH enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period?

Yes No

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

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STEPS

Select Yes or No.

Click **Save & Continue**

Step 9 – Meaningful Use Objectives – Questionnaire (3A of 9)

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Meaningful Use Objectives

Questionnaire: (3A of 9)

(* Red asterisk indicates a required field.)

Objective: Use computerized provider order entry for medication, laboratory, and radiology orders directly entered by any licensed healthcare professional that can enter orders into the medical record per state, local, and professional guidelines.

Measure: More than 60 percent of medication orders created by authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using computerized provider order entry.

***PATIENT RECORDS:** Please select whether the data used to support the measure 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 only extracted from patient records maintained using certified EHR technology.

Complete the following information:

Numerator The number of orders in the denominator recorded using computerized provider order entry.

Denominator The number of medication orders created by the authorized providers in the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

*Numerator: *Denominator:

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

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STEPS

Select the appropriate option under Patient Records.

Enter the numerator and the denominator.

Click on **Save & Continue**.



TIPS

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Step 10 – Meaningful Use Objectives – Questionnaire (3B of 9)

STEPS

Select the appropriate option under Patient Records.

Enter the numerator and the denominator.

Click on **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.

Step 11 – Meaningful Use Objectives – Questionnaire (3C of 9)

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Meaningful Use Objectives

Questionnaire: (3C of 9)

(*) Red asterisk indicates a required field.

Objective: Use computerized provider order entry for medication, laboratory, and radiology orders directly entered by any licensed healthcare professional that can enter orders into the medical record per state, local, and professional guidelines.

Measure: More than 30 percent of radiology orders created by authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using computerized provider order entry.

***PATIENT RECORDS:** Please select whether the data used to support the measure 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 only extracted from patient records maintained using certified EHR technology.

Complete the following information:

Numerator The number of orders in the denominator recorded using computerized provider order entry.

Denominator The number of radiology orders created by the authorized providers in the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

*Numerator: *Denominator:

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

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STEPS

Select the appropriate option under Patient Records.

Enter the numerator and the denominator.

Click on **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.)

Step 12 – Meaningful Use Objectives – Questionnaire (4 of 9)

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Meaningful Use Objectives

Questionnaire: (4 of 9)
(* Red asterisk indicates a required field.)

Tax Identifier:
NPI:
CCN:
Program Year: 2016

Objective: Generate and transmit permissible discharge prescriptions electronically (eRx).

Measure: More than 10 percent of hospital discharge medication orders for permissible prescriptions (for new and changed prescriptions) are queried for a drug formulary and transmitted electronically using certified EHR technology.

ALTERNATE EXCLUSION: The eligible hospital or CAH may claim an exclusion for the eRx objective and measure for an EHR reporting period in 2016 if they are scheduled to demonstrate Stage 2 but did not intend to select the Stage 2 eRx objective for an EHR reporting period in 2016.

*Do you want to claim this alternate exclusion?
 Yes No

EXCLUSION: Any eligible hospital or CAH that does not have an internal pharmacy that can accept electronic prescriptions and is not located within 10 miles of any pharmacy that accepts electronic prescriptions at the start of their EHR reporting period. 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 the data used to support the measure 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 only extracted from patient records maintained using certified EHR technology.

Complete the following information:

Numerator The number of prescriptions in the denominator generated, queried for a drug formulary, and transmitted electronically.

Denominator The number of new or changed permissible prescriptions written for drugs requiring a prescription in order to be dispensed for patients discharged during the EHR reporting period.

*Numerators: *Denominator:

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STEPS

Select the appropriate option under Patient Records.

Answer Yes or No to the **Alternate Exclusion** or Exclusion.

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

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



TIPS

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Step 13 – Meaningful Use Objectives – Questionnaire (5 of 9)

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Meaningful Use Objectives

Questionnaire: (5 of 9)

(*) Red asterisk indicates a required field.

Objective: The eligible hospital or CAH who transitions its patient to another setting of care or provider of care or refers its patient to another provider of care provides a summary care record for each transition of care or referral.

Measure: The eligible hospital or CAH that transitions or refers its patient to another setting of care or provider of care must do the following:
(1) Use certified EHR technology to create a summary of care record; and
(2) Electronically transmit such summary to a receiving provider for more than 10 percent of transitions of care and referrals.

***PATIENT RECORDS:** Please select whether the data used to support the measure 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 only extracted from patient records maintained using certified EHR technology.

Complete the following information:

Numerator The number of transitions of care and referrals in the denominator where a summary of care record was created using certified EHR technology and exchanged electronically.

Denominator The number of transitions of care and referrals during the EHR reporting period for which the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) was the transferring or referring provider.

*Numerator: *Denominator:

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STEPS

Select the appropriate option under Patient Records.

Enter the numerator and the denominator.

Click on **Save & Continue**.

Step 14 – Meaningful Use Objectives – Questionnaire (6 of 9)

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Meaningful Use Objectives

Questionnaire: (6 of 9)

(*) Red asterisk indicates a required field.

Objective: Use clinically relevant information from certified EHR technology to identify patient-specific education resources and provide those resources to the patient.

Measure: More than 10 percent of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) are provided patient-specific education resources identified by certified EHR technology.

Complete the following information:

Numerator The number of patients included in the denominator who are subsequently provided patient-specific education resources identified by certified EHR technology.

Denominator The number of unique patients admitted to the eligible hospital's or CAH's inpatient or emergency departments (POS 21 or 23) during the EHR reporting period.

*Numerator: *Denominator:

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STEPS

Enter the numerator and the denominator.

Click on **Save & Continue**.

Step 15 – Meaningful Use Objectives – Questionnaire (7 of 9)

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Meaningful Use Objectives

Questionnaire: (7 of 9)

(*) Red asterisk indicates a required field.

Objective: The eligible hospital or CAH that receives a patient from another setting of care or provider of care or believes an encounter is relevant performs medication reconciliation.

Measure: The eligible hospital or CAH performs medication reconciliation for more than 50 percent of transitions of care in which the patient is admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23).

*PATIENT RECORDS: Please select whether the data used to support the measure 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 only extracted from patient records maintained using certified EHR technology.

Complete the following information:

Numerator The number of transitions of care in the denominator where medication reconciliation was performed.

Denominator The number of transitions of care during the EHR reporting period for which the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) was the receiving party of the transition.

*Numerator: *Denominator:

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

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STEPS

Select the appropriate option under Patient Records.

Enter the numerator and the denominator.

Click on **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.

Step 16 – Meaningful Use Objectives – Questionnaire (8A of 9)

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Meaningful Use Objectives

Questionnaire: (8A of 9)

(*) Red asterisk indicates a required field.

Objective: Provide patients the ability to view online, download, and transmit information within 36 hours of hospital discharge.

Measure: More than 50 percent of all unique patients who are discharged from the inpatient or emergency department (POS 21 or 23) of an eligible hospital or CAH have timely access to view online, download and transmit to a third party their health information.

Complete the following information:

Numerator The number of patients in the denominator who have access to view, download, and transmit their health information within 36 hours after the information is available to the eligible hospital or CAH.

Denominator The number of unique patients discharged from an eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

*Numerator: *Denominator:

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STEPS

Enter the numerator and denominator.

Click on **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.

Step 17 – Meaningful Use Objectives – Questionnaire (8B of 9)

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Meaningful Use Objectives

Questionnaire: (8B of 9)

(*) Red asterisk indicates a required field.

Objective: Provide patients the ability to view online, download, and transmit information within 36 hours of hospital discharge.

Measure: At least one patient (or patient-authorized representative) who is discharged from the inpatient or emergency department (POS 21 or 23) of an eligible hospital or CAH views, downloads, or transmits to a third party his or her health information during the EHR reporting period.

EXCLUSION: Based on ALL patient records: Any eligible hospital or CAH that is located in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period. Exclusion from this requirement does not prevent an eligible hospital or CAH from achieving meaningful use.

***Does this exclusion apply to you?**

Yes No

Complete the following information:

Numerator The number of patients (or patient-authorized representative) in the denominator who view, download, or transmit to a third party their health information.

Denominator The number of unique patients discharged from the inpatient or emergency department (POS 21 or 23) of the eligible hospital or CAH during the EHR reporting period.

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

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

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Answer Yes or No to the exclusion.

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

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

Step 18 – Meaningful Use Objectives – Questionnaire (9A of 9)

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Meaningful Use Objectives

Questionnaire: (9A of 9)

(*) Red asterisk indicates a required field.

Objective: The eligible hospital or CAH is in active engagement with a public health agency to submit electronic public health data from certified EHR technology, except where prohibited, and in accordance with applicable law and practice (495.22 (e)(10)(ii)).

Measure: Immunization Registry Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit immunization data.

EXCLUSION: Any eligible hospital or CAH meeting one or more of the following criteria may be excluded from the immunization registry reporting measure if the eligible hospital or CAH:

- i. Does not administer any immunizations to any of the populations for which data is collected by their jurisdiction's immunization registry or immunization information system during the EHR reporting period;
- ii. Operates in a jurisdiction for which no immunization registry or immunization information system is capable of accepting the specific standards required to meet the certified EHR technology definition at the start of the EHR reporting period; or
- iii. Operates in a jurisdiction where no immunization registry or immunization information system has declared readiness to receive immunization data from the eligible hospital or CAH at the start of the EHR reporting period.

Exclusion from this requirement does not prevent an eligible hospital or CAH from achieving meaningful use.

***Does this exclusion apply to you?**

Yes No

Complete the following information:

***Have you had active engagement with a public health agency to submit electronic immunization data from certified EHR technology to an immunization registry or immunization information system for the EHR reporting period?**

Yes No

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STEPS

Answer Yes or No to the Exclusion.

If the exclusion does not apply to you, select Yes or No to the measure.

Click on **Save & Continue**.

Note: If you did not select this public health measure option at the beginning of attestation, you will not see this screen. You will only see the screen for the public health options you chose.

Step 19 – Meaningful Use Objectives – Questionnaire (9B of 9)

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Meaningful Use Objectives

Questionnaire: (9B of 9)

(*) Red asterisk indicates a required field.

Tax Identifier:
NPI:
CCN:
Program Year: 2016

Objective: The eligible hospital or CAH is in active engagement with a public health agency to submit electronic public health data from certified EHR technology, except where prohibited, and in accordance with applicable law and practice (495.22 (e)(10)(ii)).

Measure: Syndromic Surveillance Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit syndromic surveillance data.

EXCLUSION: Any eligible hospital or CAH meeting one or more of the following criteria may be excluded from the syndromic surveillance reporting measure if the eligible hospital or CAH:

- i. Does not have an emergency or urgent care department;
- ii. Operates in a jurisdiction for which no public health agency is capable of receiving electronic syndromic surveillance data from eligible hospitals or CAHs in the specific standards required to meet the certified EHR technology definition at the start of the EHR reporting period; or
- iii. Operates in a jurisdiction where no public health agency has declared readiness to receive syndromic surveillance data from eligible hospitals or CAHs at the start of the EHR reporting period.

Exclusion from this requirement does not prevent an eligible hospital or CAH from achieving meaningful use.

***Does this exclusion apply to you?**

Yes No

Complete the following information:

***Have you had active engagement with a public health agency to submit electronic syndromic surveillance data from certified EHR technology to the public health agency for the EHR reporting period?**

Yes No

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

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STEPS

Answer Yes or No to the Exclusion.

If the exclusion does not apply to you, select Yes or No to the measure.

Click on **Save & Continue**.

Note: If you did not select this public health measure option at the beginning of attestation, you will not see this screen. You will only see the screen for the public health options you chose.

Step 20 – Meaningful Use Objectives – Questionnaire (9C of 9)

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Meaningful Use Objectives

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

Objective: The eligible hospital or CAH is in active engagement with a public health agency to submit electronic public health data from certified EHR technology, except where prohibited, and in accordance with applicable law and practice.

Measure: [Specialized Registry Reporting \(1\)](#): The eligible hospital or CAH is in active engagement to submit data to a specialized registry.

ALTERNATE EXCLUSION: Providers may claim an alternate exclusion for measure 3 (specialized registry reporting) of the Public Health Reporting objective for an EHR reporting period in 2016 as this measure might require the acquisition of additional technologies the provider did not previously have or did not previously intend to include in their activities for meaningful use.

Note: An alternate exclusion may only be claimed for this measure, then the provider must either attest to or meet the exclusion requirements for the remaining measures described in 495.22 (e)(10)(ii)(C).

***Do you want to claim this alternate exclusion?**

Yes No

EXCLUSION: Any eligible hospital or CAH meeting one or more of the following criteria may be excluded from the specialized registry reporting measure if the eligible hospital or CAH:

- (1) Does not diagnose or treat any disease or condition associated with or collect relevant data that is required by a specialized registry in their jurisdiction during the EHR reporting period;
- (2) Operates in a jurisdiction for which no specialized registry is capable of accepting electronic registry transactions in the specific standards required to meet the certified EHR technology definition at the start of the EHR reporting period; or
- (3) Operates in a jurisdiction where no specialized registry for which the eligible hospital or CAH is eligible has declared readiness to receive electronic registry transactions at the start of the EHR reporting period.

Exclusion from this requirement does not prevent an eligible hospital or CAH from achieving meaningful use.

***Does this exclusion apply to you?**

Yes No

Complete the following information:

***Have you had active engagement with specialized registries, excluding cancer registries, to submit data from certified EHR technology for the entire EHR reporting period?**

Yes No

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

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STEPS

Answer Yes or No to the Exclusion or Alternate Exclusion.

If the exclusion or alternate exclusion does not apply to you, select Yes or No to the measure.

Click on **Save & Continue**.

Note: If you did not select this public health measure option at the beginning of attestation, you will not see this screen. You will only see the screen for the public health options you chose.

Eligible hospitals and CAHs may report to more than one specialized registry and may count specialized registry reporting more than once to meet the required number of measures for the objective.

Step 21 – Meaningful Use Objectives – Questionnaire (9D of 9)

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Meaningful Use Objectives

Questionnaire: (9D of 9)

(*) Red asterisk indicates a required field.

Objective: The eligible hospital or CAH is in active engagement with a public health agency to submit electronic public health data from certified EHR technology, except where prohibited, and in accordance with applicable law and practice (495.22 (e)(10)(ii)).

Measure: Electronic Reportable Laboratory Result Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit electronic reportable laboratory (ELR) results.

EXCLUSION: Any eligible hospital or CAH meeting one or more of the following criteria may be excluded from the electronic reportable laboratory result reporting measure if the eligible hospital or CAH:

- i. Does not perform or order laboratory tests that are reportable in their jurisdiction during the EHR reporting period;
- ii. Operates in a jurisdiction for which no public health agency that is capable of accepting the specific ELR standards required to meet the certified EHR technology definition at the start of the EHR reporting period; or
- iii. Operates in a jurisdiction where no public health agency has declared readiness to receive electronic reportable laboratory results from eligible hospitals or CAHs at the start of the EHR reporting period.

Exclusion from this requirement does not prevent an eligible hospital or CAH from achieving meaningful use.

***Does this exclusion apply to you?**

Yes No

Complete the following information:

***Have you had active engagement with a public health agency to submit electronic reportable laboratory results from certified EHR technology to the public health agency for the EHR reporting period?**

Yes No

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Answer Yes or No to the Exclusion.

If the exclusion does not apply to you, select Yes or No to the measure.

Click on **Save & Continue**.

Note: If you did not select this public health measure option at the beginning of attestation, you will not see this screen. You will only see the screen for the public health options you chose.

Step 22 – Reporting Clinical Quality Measures (CQMs)

STEPS

Select one of the two options below for how you would like to report Clinical Quality Measures (CQMs).

Option 1: Eligible hospitals and CAHs have two choices for electronic reporting, including:

- I have submitted my clinical quality measure data electronically through the Hospital Inpatient Quality Reporting Program (IQR), OR

- I will submit my clinical quality measure data electronically through the Hospital Inpatient Quality Reporting Program (IQR) by the submission deadline.

Option 2: Eligible hospitals and CAHs may submit clinical quality measures data at the time of their online attestation.

Click **Save & Continue**

The screenshots illustrate the user interface for reporting Clinical Quality Measures (CQMs). The top navigation bar includes 'Home', 'Registration', 'Attestation', and 'Status' tabs. The main heading is 'Clinical Quality Measures'. The primary section is 'Reporting Clinical Quality Measures', which asks the user to select one of two options:

- Option 1:** I have submitted my clinical quality measure data electronically through Hospital Inpatient Quality Reporting Program (IQR).
- Option 2:** I will submit my clinical quality measure data right now through online attestation.

Below the options, there is a 'Please select one of the options below:' instruction. The second screenshot shows the detailed text for Option 1, explaining that selecting it acknowledges the submission of data through the IQR and that the attestation status will be set to Pending eReporting until a confirmation is received. The third screenshot shows the detailed text for Option 2, explaining that selecting it requires submitting data through online attestation. Both screenshots include a 'Please select the Previous button to go back a page. Select the Return to Attestation Progress button to view your progress through the attestation topics. Please note that any changes that you have made on this page will not be saved. Select the Save & Continue button to save your entry and proceed.' instruction. The bottom of the page features a footer with 'Web Policies & Important Links' and 'Department of Health & Human Services' information.

Step 23 – Clinical Quality Measures (CQMs)

Home
Registration
Attestation
Status

Clinical Quality Measures

Instructions:

Select a minimum of 16 out of 29 Clinical Quality Measures from the list below. Your selection must include at least 3 of the 6 HHS National Quality Strategy domains. You will be prompted to enter numerator(s), denominator(s), performance rates(s), and exclusion(s) or exception(s), if applicable, for all selected Clinical Quality Measures after you select the Save & Continue button below.

Note: Less than 16 CQMs can be reported if more than 13 exemptions have been made. Please select all remaining CQMs if you have selected 13 or more exemptions.

Patient and Family Engagement																																		
ID Number	Versions	Title	Selection																															
CMS55/ NQF0495	CMS55v1/ CMS55v2	Emergency Department (ED)-1 Emergency Department Throughput - Median time from ED Arrival to ED Departure for Admitted ED Patients	<input type="checkbox"/>																															
CMS111/ NQF0497	CMS111v1/ CMS111v2	ED-2 Emergency Department Throughput - Median Admit Decision Time to ED Departure Time for Admitted Patients	<input type="checkbox"/>																															
CMS107/ NQF0440	CMS107v1/ CMS107v2	<table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>CMS109/ NQF0374</td> <td>CMS109v1/ CMS109v2</td> <td>Venous Thromboembolism Patients Receiving Unfractionated Heparin with Dosages/Platelet Count Monitoring by Protocol or Nomogram</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>CMS100/ NQF0142</td> <td>CMS100v1/ CMS100v2</td> <td>Aspirin Prescribed at Discharge</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>CMS113/ NQF0469</td> <td>CMS113v1/ CMS113v2</td> <td>Elective Delivery</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>CMS60/ NQF0164</td> <td>CMS60v1/ CMS60v2</td> <td>Fibrinolytic Therapy Received Within 30 minutes of Hospital Arrival</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>CMS53/ NQF0163</td> <td>CMS53v1/ CMS53v2</td> <td>Primary PCI Received Within 90 Minutes of Hospital Arrival</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>CMS30/ NQF0639</td> <td>CMS30v2/ CMS30v3</td> <td>Statin Prescribed at Discharge</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>CMS9/ NQF0480</td> <td>CMS9v1/ CMS9v2</td> <td>Exclusive Breast Milk Feeding</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>CMS31/ NQF1354</td> <td>CMS31v1/ CMS31v2</td> <td>Hearing Screening Prior To Hospital Discharge (EHDI - 1a)</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>	CMS109/ NQF0374	CMS109v1/ CMS109v2	Venous Thromboembolism Patients Receiving Unfractionated Heparin with Dosages/Platelet Count Monitoring by Protocol or Nomogram	<input type="checkbox"/>	CMS100/ NQF0142	CMS100v1/ CMS100v2	Aspirin Prescribed at Discharge	<input type="checkbox"/>	CMS113/ NQF0469	CMS113v1/ CMS113v2	Elective Delivery	<input type="checkbox"/>	CMS60/ NQF0164	CMS60v1/ CMS60v2	Fibrinolytic Therapy Received Within 30 minutes of Hospital Arrival	<input type="checkbox"/>	CMS53/ NQF0163	CMS53v1/ CMS53v2	Primary PCI Received Within 90 Minutes of Hospital Arrival	<input type="checkbox"/>	CMS30/ NQF0639	CMS30v2/ CMS30v3	Statin Prescribed at Discharge	<input type="checkbox"/>	CMS9/ NQF0480	CMS9v1/ CMS9v2	Exclusive Breast Milk Feeding	<input type="checkbox"/>	CMS31/ NQF1354	CMS31v1/ CMS31v2	Hearing Screening Prior To Hospital Discharge (EHDI - 1a)	<input type="checkbox"/>
CMS109/ NQF0374	CMS109v1/ CMS109v2		Venous Thromboembolism Patients Receiving Unfractionated Heparin with Dosages/Platelet Count Monitoring by Protocol or Nomogram	<input type="checkbox"/>																														
CMS100/ NQF0142	CMS100v1/ CMS100v2		Aspirin Prescribed at Discharge	<input type="checkbox"/>																														
CMS113/ NQF0469	CMS113v1/ CMS113v2		Elective Delivery	<input type="checkbox"/>																														
CMS60/ NQF0164	CMS60v1/ CMS60v2		Fibrinolytic Therapy Received Within 30 minutes of Hospital Arrival	<input type="checkbox"/>																														
CMS53/ NQF0163	CMS53v1/ CMS53v2	Primary PCI Received Within 90 Minutes of Hospital Arrival	<input type="checkbox"/>																															
CMS30/ NQF0639	CMS30v2/ CMS30v3	Statin Prescribed at Discharge	<input type="checkbox"/>																															
CMS9/ NQF0480	CMS9v1/ CMS9v2	Exclusive Breast Milk Feeding	<input type="checkbox"/>																															
CMS31/ NQF1354	CMS31v1/ CMS31v2	Hearing Screening Prior To Hospital Discharge (EHDI - 1a)	<input type="checkbox"/>																															
CMS110/ NQF0375	CMS110v1/ CMS110v2																																	
CMS26/ NQF0338	CMS26v1																																	
Patient S																																		
ID Number	Versions																																	
CMS108/ NQF0371	CMS108v1/ CMS108v2																																	
CMS190/ NQF0372	CMS190v1/ CMS190v2																																	
CMS114/ NQF0376	CMS114v1/ CMS114v2																																	
CMS171/ NQF0527	CMS171v2/ CMS171v3																																	
CMS178/ NQF0453	CMS178v2/ CMS178v3																																	
CMS185/ NQF0716	CMS185v1/ CMS185v2																																	
Care Coord																																		
ID Number	Versions																																	

Tax Identifier:
NPI:
CCN:
Program Year: 2016

For additional information [Clinical Quality Measure Page](#)

Please select the **Previous** button to go back a page. Select the **Return to Attestation Progress** button to view your progress through the attestation topics. Please note that any changes that you have made on this page will not be saved. Select the **Save & Continue** button to save your entry and proceed.

◀ Previous
Return to Attestation Progress
Save & Continue ▶

STEPS

Select at least 16 out of the 29 Clinical Quality Measures shown on this page. Your selection must include at least three (3) of the six (6) HHS National Quality Strategy domains. You will be prompted to enter numerator(s), denominator(s), performance rate(s), and exclusion(s), if applicable, for all selected Clinical Quality Measures on subsequent pages.

Click **Save & Continue**



TIP

Visit the Clinical Quality Measures page for more information
<https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/ClinicalQualityMeasures.html>

Step 24 – Clinical Quality Measures (CQMs) (1 of 16)

Medicare & Medicaid EHR Incentive Program
Registration and Attestation System

Welcome | Log Out | Help

Home | Registration | **Attestation** | Status

Clinical Quality Measures

Questionnaire: (1 of 16)

(*) Red asterisk indicates a required field.

Measure: CMS55/NQF0495
Versions: CMS55v1/CMS55v2/CMS55v3
Title: Median time from ED Arrival to ED Departure for Admitted ED Patients
Description: Median time from emergency department arrival to time of departure from the emergency room for patients admitted to the facility from the emergency department.
Exemption: Hospitals and CAHs with 5 or fewer discharges in the relevant EHR reporting period (if subject to a 90-day EHR reporting period), or 20 or fewer discharges (if subject to a full FY EHR reporting period) as defined by the CQM's measure population would be exempted from reporting on the CQM. For eligible hospitals and CAHs participating in the Medicaid EHR Incentive Program, please check with your state Medicaid agency for any additional requirements for the case threshold exemption.

*Does this exemption apply to you?

NO, the EH has more than 5 discharges (if subject to a 90-day EHR reporting period) or more than 20 discharges (if subject to a full FY EHR reporting period).

YES, the EH has 5 or fewer discharges (if subject to a 90-day EHR reporting period) or 20 or fewer discharges (if subject to a full FY EHR reporting period).

*Case Threshold Exemption:

Measure Population: Any ED patient from the facility's emergency department.
Measure Observations: Median time (in minutes) from ED arrival to ED departure for patients admitted to the facility from the emergency department.

Complete the following information:

Stratum 1 - All patients seen in the ED and admitted to the facility as an inpatient.

*Measure Population: *Measure Observations:

Stratum 2 - All patients seen in the ED and admitted as an inpatient who do not have a diagnosis consistent with psychiatric/mental health disorders.

*Measure Population: *Measure Observations:

Stratum 3 - All patients seen in the ED and admitted as an inpatient who have a diagnosis consistent with psychiatric/mental health disorders.

*Measure Population: *Measure Observations:

For CQM field descriptions: [Help](#)

For additional information: [Clinical Quality Measure 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.

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

STEPS

Enter Denominator and Numerator (and Exclusion, if applicable) for all 16 CQMs.

Click **Save & Continue**



TIPS

Visit the *Clinical Quality Measures* page for more information <https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/ClinicalQualityMeasures.html>

Denominator is entered before the Numerator

Numerator and denominator must be whole numbers

Step 25 – Clinical Quality Measures (CQMs) (2 of 16)

Medicare & Medicaid EHR Incentive Program Registration and Attestation System

Welcome | Log Out | Help

Clinical Quality Measures

Questionnaire: (2 of 16)

(*) Red asterisk indicates a required field.

Measure: CMS111/NQF0497
Versions: CMS111v1/CMS111v2/CMS111v3
Title: Median Admit Decision Time to ED Departure Time for Admitted Patients
Description: Median time (in minutes) from admit decision time to time of departure from the emergency department for emergency department patients admitted to inpatient status.
Exemption: Hospitals and CAHs with 5 or fewer discharges in the relevant EHR reporting period (if subject to a 90-day EHR reporting period), or 20 or fewer discharges (if subject to a full FY EHR reporting period) as defined by the CQM's measure population would be exempted from reporting on the CQM. For eligible hospitals and CAHs participating in the Medicaid EHR Incentive Program, please check with your state Medicaid agency for any additional requirements for the case threshold exemption.
***Does this exemption apply to you?**
 NO, the EH has more than 5 discharges (if subject to a 90-day EHR reporting period) or more than 20 discharges (if subject to a full FY EHR reporting period).
 YES, the EH has 5 or fewer discharges (if subject to a 90-day EHR reporting period) or 20 or fewer discharges (if subject to a full FY EHR reporting period).
***Case Threshold Exemption:**
Measure Population: Any ED patient from the facility's emergency department.
Measure Observations: Median time (in minutes) from Decision to Admit to ED departure for patients admitted to the facility from the emergency department.
 Complete the following information:
Stratum 1 - All patients seen in the ED and admitted as an inpatient.
***Measure Population:** ***Measure Observations:**
Stratum 2 - All patients seen in the ED and admitted as an inpatient who do not have a diagnosis consistent with psychiatric/mental health disorders.
***Measure Population:** ***Measure Observations:**
Stratum 3 - All patients seen in the ED and admitted as an inpatient who have a diagnosis consistent with psychiatric/mental health disorders.
***Measure Population:** ***Measure Observations:**

For CQM field descriptions: [Help](#)

For additional information: [Clinical Quality Measure Page](#)

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

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

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

STEPS

Enter Denominator and Numerator (and Exclusion, if applicable) for all 16 CQMs.

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 26 – Clinical Quality Measures (CQMs) (3 of 16)

Medicare & Medicaid EHR Incentive Program
Registration and Attestation System

Home | Registration | **Status** | Log Out | Help

Welcome

Clinical Quality Measures

Questionnaire: (3 of 16)
(* Red asterisk indicates a required field.)

Tax Identifier:
NPI:
CEN:
Program Year: 2016

Measure: CHS107
Versions: CHS107A/CHS107B/CHS107C
Title: Stroke Education
Description: Ischemic or hemorrhagic stroke patients or their caregivers who were given educational materials during the hospital stay addressing all of the following: activities of emergency medical system, need for follow-up after discharge, medications prescribed at discharge, risk factors for stroke, and warning signs and symptoms of stroke.
Exemption: Hospitals and CAHs with 5 or fewer discharges in the relevant EHR reporting period (if subject to a 90-day EHR reporting period), or 20 or fewer discharges (if subject to a full FY EHR reporting period) as defined by the CQM measure population would be exempted from reporting on this CQM. For eligible hospitals and CAHs participating in the Medicare EHR Incentive Program, please check with your state Medicaid agency for any additional requirements for the case threshold exemption.
*Does this exemption apply to you?
NO, the EH has more than 5 discharges (if subject to a 90-day EHR reporting period) or more than 20 discharges (if subject to a full FY EHR reporting period).
YES, the EH has 5 or fewer discharges (if subject to a 90-day EHR reporting period) or 20 or fewer discharges (if subject to a full FY EHR reporting period).
*Case Threshold Exemption:
Denominator: Ischemic stroke or hemorrhagic stroke patients discharged to home, home care, or court/law enforcement.
Numerator: Ischemic or hemorrhagic stroke patients with documentation that they or their caregivers were given educational medical addressing all of the following:
1. Activation of emergency medical system
2. Follow-up after discharge
3. Medications prescribed at discharge
4. Risk factors for stroke
5. Warning signs and symptoms of stroke.
Complete the following information:
*Denominator: *Numerator: *Performance Rate: *Exclusion: *Exception:
%
For CQM field descriptions: [Click](#)
For additional information: [Clinical Quality Measure Page](#)
Please select the Previous button to go back or the Save & Continue button to save your entry and proceed. Select the Return to Attestation Progress button to return to the Attestation Progress page. You can return to your place in the process at any time, however, the data for the current measure will not be saved.
Previous | Return to Attestation Progress | Save & Continue

STEPS

Enter Denominator and Numerator (and Exclusion, if applicable) for all 16 CQMs.

Click **Save & Continue**

Step 27 – Clinical Quality Measures (CQMs) (4 of 16)

Medicare & Medicaid EHR Incentive Program
Registration and Attestation System

Home | Registration | **Attestation** | Status | My Account | Log Out | Help

Welcome

Clinical Quality Measures

Questionnaire: (4 of 16)
(* Red asterisk indicates a required field.)

Tax Identifier:
NPI:
CEN:
Program Year: 2016

Measure: CHS190/NQF5372
Versions: CHS190A/CHS190B/CHS190C
Title: Intensive Care Unit Versus Thrombolysis Prophylaxis
Description: This measure assesses the number of patients who received VTE prophylaxis or have documentation why no VTE prophylaxis was given the day of or the day after the initial admission (or transfer) to the ICU or surgery and data for surgeries that start the day of or the day after ICU admission (or transfer).
Exemption: Hospitals and CAHs with 5 or fewer discharges in the relevant EHR reporting period (if subject to a 90-day EHR reporting period), or 20 or fewer discharges (if subject to a full FY EHR reporting period) as defined by the CQM measure population would be exempted from reporting on this CQM. For eligible hospitals and CAHs participating in the Medicare EHR Incentive Program, please check with your state Medicaid agency for any additional requirements for the case threshold exemption.
*Does this exemption apply to you?
NO, the EH has more than 5 discharges (if subject to a 90-day EHR reporting period) or more than 20 discharges (if subject to a full FY EHR reporting period).
YES, the EH has 5 or fewer discharges (if subject to a 90-day EHR reporting period) or 20 or fewer discharges (if subject to a full FY EHR reporting period).
*Case Threshold Exemption:
Denominator: Patients directly admitted or transferred to ICU during the hospitalization.
Numerator: Patients who received VTE prophylaxis or have documentation why no VTE prophylaxis was given:
- the day of or the day after ICU admission (or transfer),
- the day of or the day after surgery and data for surgeries that start the day of or the day after ICU admission (or transfer).
Complete the following information:
*Denominator: *Numerator: *Performance Rate: *Exclusion: *Exception:
%
For CQM field descriptions: [Click](#)
For additional information: [Clinical Quality Measure Page](#)
Please select the Previous button to go back or the Save & Continue button to save your entry and proceed. Select the Return to Attestation Progress button to return to the Attestation Progress page. You can return to your place in the process at any time, however, the data for the current measure will not be saved.
Previous | Return to Attestation Progress | Save & Continue



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 28 – Clinical Quality Measures (CQMs) (5 of 16)

STEPS

Enter Denominator and Numerator (and Exclusion, if applicable) for all 16 CQMs.

Click **Save & Continue**

Step 29 – Clinical Quality Measures (CQMs) (6 of 16)



TIP

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

Step 30 – Clinical Quality Measures (CQMs) (7 of 16)

Questionnaire: (7 of 16)
(* Red asterisk indicates a required field.)

Measure: CHS172/NQ0328
Versions: CHS172/CHS172v3/CHS172v4
Title: Prophylactic Antibiotic Selection for Surgical Patients
Description: Surgical patients who received prophylactic antibiotics consistent with current guidelines (specific to each type of surgical procedure).
Exemption: Hospitals and CAHs with 5 or fewer discharges in the relevant EHR reporting period (if subject to a 90-day EHR reporting period), or 20 or fewer discharges (if subject to a full FY EHR reporting period) as defined by the CQM's measure population would be exempted from reporting on the CQM. For eligible hospitals and CAHs participating in the Medicare EHR Incentive Program, please check with your state Medicaid agency for any additional requirements for the case threshold exemption.
***Does this exemption apply to you?**
 NO, the EH has more than 5 discharges (if subject to a 90-day EHR reporting period) or more than 20 discharges (if subject to a full FY EHR reporting period).
 YES, the EH has 5 or fewer discharges (if subject to a 90-day EHR reporting period) or 20 or fewer discharges (if subject to a full FY EHR reporting period).
***Case Threshold Exemption:** _____
Denominator: All selected surgical patients 18 years of age and older with no evidence of prior infection with an ICD-9-CM Hospital Measure-Principal Procedure Code of selected surgeries.
Numerator: Number of surgical patients who received prophylactic antibiotics recommended for their specific surgical procedure.
 Complete the following information:
Denominator for population 1 - Coronary artery bypass graft (CABG) procedures
***Denominator 1:** _____ ***Numerator 1:** _____ ***Performance Rate 1:** _____ ***Exclusion 1:** _____ %

STEPS

Enter Denominator and Numerator (and Exclusion, if applicable) for all 16 CQMs.

Click **Save & Continue**

Step 31 – Clinical Quality Measures (CQMs) (8 of 16)

Questionnaire: (8 of 16)
(* Red asterisk indicates a required field.)

Measure: CHS104/NQ0435
Versions: CHS104v1/CHS104v2/CHS104v3
Title: Discharged on Antithrombotic Therapy
Description: Ischemic stroke patients prescribed antithrombotic therapy at hospital discharge.
Exemption: Hospitals and CAHs with 5 or fewer discharges in the relevant EHR reporting period (if subject to a 90-day EHR reporting period), or 20 or fewer discharges (if subject to a full FY EHR reporting period) as defined by the CQM's measure population would be exempted from reporting on the CQM. For eligible hospitals and CAHs participating in the Medicare EHR Incentive Program, please check with your state Medicaid agency for any additional requirements for the case threshold exemption.
***Does this exemption apply to you?**
 NO, the EH has more than 5 discharges (if subject to a 90-day EHR reporting period) or more than 20 discharges (if subject to a full FY EHR reporting period).
 YES, the EH has 5 or fewer discharges (if subject to a 90-day EHR reporting period) or 20 or fewer discharges (if subject to a full FY EHR reporting period).
***Case Threshold Exemption:** _____
Denominator: Patients with a principal diagnosis of ischemic stroke.
Numerator: Patients prescribed antithrombotic therapy at hospital discharge.
 Complete the following information:
***Denominator:** _____ ***Numerator:** _____ ***Performance Rate:** _____ ***Exception:** _____ %



TIPS

Denominator is entered before the Numerator

Numerator and denominator must be whole numbers

Step 32 – Clinical Quality Measures (CQMs) (9 of 16)

Medicare & Medicaid EHR Incentive Program
Registration and Attestation System

Welcome | Log Out | Help

Home | Registration | **Attestation** | Status

Clinical Quality Measures

Questionnaire: (9 of 16)
(* Red asterisk indicates a required field.)

Measure: CMS71/NQF0436
Versions: CMS71v2/CMS71v3/CMS71v4
Title: Anticoagulation Therapy for Atrial Fibrillation/Flutter
Description: Ischemic stroke patients with atrial fibrillation/flutter who are prescribed anticoagulation therapy at hospital discharge.
Exemption: Hospitals and CAHs with 5 or fewer discharges in the relevant EHR reporting period (if subject to a 90-day EHR reporting period), or 20 or fewer discharges (if subject to a full FY EHR reporting period) as defined by the CQM's measure population would be exempted from reporting on the CQM. For eligible hospitals and CAHs participating in the Medicaid EHR Incentive Program, please check with your state Medicaid agency for any additional requirements for the case threshold exemption.
***Does this exemption apply to you?**
 NO, the EH has more than 5 discharges (if subject to a 90-day EHR reporting period) or more than 20 discharges (if subject to a full FY EHR reporting period).
 YES, the EH has 5 or fewer discharges (if subject to a 90-day EHR reporting period) or 20 or fewer discharges (if subject to a full FY EHR reporting period).
***Case Threshold Exemption:**
Denominator: Patients with a principal diagnosis of ischemic stroke and current or history of atrial fibrillation/flutter.
Numerator: Patients prescribed anticoagulation therapy at hospital discharge.
 Complete the following information:

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

For CQM field descriptions: [Help](#)

For additional information: [Clinical Quality Measure Page](#)

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

Previous | Return to Attestation Progress | Save & Continue

STEPS

Enter Denominator and Numerator (and Exclusion, if applicable) for all 16 CQMs.

Click **Save & Continue**



TIP

For additional information click on the "Clinical Quality Measure Specification Page" link, <https://www.cms.gov/regulations-and-guidance/legislation/ehrincentiveprograms/clinicalqualitymeasures.html>

Step 33 – Clinical Quality Measures (CQMs) (10 of 16)

The screenshot shows the Medicare & Medicaid EHR Incentive Program Registration and Attestation System. The user is on the 'Attestation' tab, viewing 'Clinical Quality Measures'. The questionnaire is for 'Questionnaire: (10 of 16)'. The measure is 'CMS91/NQF0437', titled 'Thrombolytic Therapy'. The description states: 'Acute ischemic stroke patients who arrive at this hospital within 2 hours of time last known well and for whom IV t-PA was initiated at this hospital within 3 hours of time last known well.' The exemption states: 'Hospitals and CAHs with 5 or fewer discharges in the relevant EHR reporting period (if subject to a 90-day EHR reporting period), or 20 or fewer discharges (if subject to a full FY EHR reporting period) as defined by the CQM's measure population would be exempted from reporting on the CQM. For eligible hospitals and CAHs participating in the Medicaid EHR Incentive Program, please check with your state Medicaid agency for any additional requirements for the case threshold exemption.' The user is asked 'Does this exemption apply to you?' with two radio button options: 'NO, the EH has more than 5 discharges (if subject to a 90-day EHR reporting period) or more than 20 discharges (if subject to a full FY EHR reporting period)' and 'YES, the EH has 5 or fewer discharges (if subject to a 90-day EHR reporting period) or 20 or fewer discharges (if subject to a full FY EHR reporting period)'. There is a text input field for '*Case Threshold Exemption:'. Below this, the denominator is defined as 'Ischemic stroke patients admitted through the Emergency Department whose time of arrival is within 2 hours (less than or equal to 120 minutes) of 1) time they were known to be at their baseline state of health; or 2) time of symptom onset if time last known at baseline state is not known.' The numerator is defined as 'Acute ischemic stroke patients for whom IV thrombolytic therapy was initiated at this hospital within 3 hours (less than or equal to 180 minutes) of when it was witnessed or reported that the patient was last known to be without the signs and symptoms of the current stroke or at his or her baseline state of health.' At the bottom, there is a table to complete the following information:

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

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

Enter Denominator and Numerator (and Exclusion, if applicable) for all 16 CQMs.

Click **Save & Continue**



TIP

For additional information click on the "Clinical Quality Measure Specification Page" link, <https://www.cms.gov/regulations-and-guidance/legislation/ehrincentiveprograms/clinicalqualitymeasures.html>

Step 34 – Clinical Quality Measures (CQMs) (11 of 16)

Medicare & Medicaid EHR Incentive Program Registration and Attestation System

My Account | Log Out | Help
Welcome

Home | Registration | **Attestation** | Status

Clinical Quality Measures

Questionnaire: (11 of 16)

(* Red asterisk indicates a required field.)

Measure: CMS105/NQF0439

Versions: CMS105v1/CMS105v2/CMS105v3

Title: Discharged on Statin Medication

Description: Ischemic stroke patients with LDL greater than or equal to 100 mg/dL, or LDL not measured, or, who were on a lipid-lowering medication prior to hospital arrival are prescribed statin medication at hospital discharge.

Exemption: Hospitals and CAHs with 5 or fewer discharges in the relevant EHR reporting period (if subject to a 90-day EHR reporting period), or 20 or fewer discharges (if subject to a full FY EHR reporting period) as defined by the CQM's measure population would be exempted from reporting on the CQM. For eligible hospitals and CAHs participating in the Medicaid EHR Incentive Program, please check with your state Medicaid agency for any additional requirements for the case threshold exemption.

*Does this exemption apply to you?

NO, the EH has more than 5 discharges (if subject to a 90-day EHR reporting period) or more than 20 discharges (if subject to a full FY EHR reporting period).

YES, the EH has 5 or fewer discharges (if subject to a 90-day EHR reporting period) or 20 or fewer discharges (if subject to a full FY EHR reporting period).

*Case Threshold Exemption:

Denominator: Patients with a principal diagnosis of ischemic stroke and an LDL greater than or equal to 100 mg/dL, OR LDL not measured, OR who were on a lipid-lowering medication prior to hospital arrival.

Numerator: Ischemic stroke patients prescribed statin medication at hospital discharge.

Complete the following information:

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

For CQM field descriptions: [Help](#)

For additional information: [Clinical Quality Measure Page](#)

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

◀ Previous | Return to Attestation Progress | Save & Continue ▶

STEPS

Enter Denominator and Numerator (and Exclusion, if applicable) for all 16 CQMs.

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

Step 35 – Clinical Quality Measures (CQMs) (12 of 16)

Medicare & Medicaid EHR Incentive Program Registration and Attestation System

My Account | Log Out | Help

Welcome

Home | **Attestation** | Status

Clinical Quality Measures

Questionnaire: (12 of 16)

(* Red asterisk indicates a required field.)

Tax Identifier:
NPI:
CCN:
Program Year: 2016

Measure: CMS73/NQF0373

Versions: CMS73v1/CMS73v2/CMS73v3

Title: Venous Thromboembolism Patients with Anticoagulation Overlap Therapy

Description: This measure assesses the number of patients diagnosed with confirmed VTE who received an overlap of parenteral (intravenous [IV] or subcutaneous [subcu]) anticoagulation and warfarin therapy. For patients who received less than five days of overlap therapy, they should be discharged on both medications or have a reason for discontinuation of overlap therapy. Overlap therapy should be administered for at least five days with an international normalized ratio (INR) greater than or equal to 2 prior to discontinuation of the parenteral anticoagulation therapy, discharged on both medications or have a reason for discontinuation of overlap therapy.

Exemption: Hospitals and CAHs with 5 or fewer discharges in the relevant EHR reporting period (if subject to a 90-day EHR reporting period), or 20 or fewer discharges (if subject to a full FY EHR reporting period) as defined by the CQM's measure population would be exempted from reporting on the CQM. For eligible hospitals and CAHs participating in the Medicaid EHR Incentive Program, please check with your state Medicaid agency for any additional requirements for the case threshold exemption.

***Does this exemption apply to you?**

NO, the EH has more than 5 discharges (if subject to a 90-day EHR reporting period) or more than 20 discharges (if subject to a full FY EHR reporting period).

YES, the EH has 5 or fewer discharges (if subject to a 90-day EHR reporting period) or 20 or fewer discharges (if subject to a full FY EHR reporting period).

***Case Threshold Exemption:**

Denominator: Patients with confirmed VTE who received warfarin.

Numerator: Patients who received overlap therapy (warfarin and parenteral anticoagulation):

- Five or more days, with an INR greater than or equal to 2 prior to discontinuation of parenteral therapy, or
- Five or more days, with an INR less than 2 and discharged on overlap therapy, or
- Less than five days and discharged on overlap therapy, or
- With documentation of reason for discontinuation of overlap therapy, or
- With documentation of a reason for no overlap therapy.

Complete the following information:

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

STEPS

Enter Denominator and Numerator (and Exclusion, if applicable) for all 16 CQMs.

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

Step 36 – Clinical Quality Measures (CQMs) (13 of 16)

Medicare & Medicaid EHR Incentive Program
Registration and Attestation System

Home Registration **Attestation**

Clinical Quality Measures

Questionnaire: (13 of 16)
(* Red asterisk indicates a required field.)

Tax Identifier:
NPI:
CCN:
Program Year: 2016

Measure: CMS100/NQ0142
Versions: CMS100v1/CMS100v2/CMS100v3
Title: Aspirin Prescribed at Discharge
Description: Acute myocardial infarction (AMI) patients who are prescribed aspirin at hospital discharge.
Exemption: Hospitals and CAHs with 5 or fewer discharges in the relevant EHR reporting period (if subject to a 90-day EHR reporting period), or 20 or fewer discharges (if subject to a full FY EHR reporting period) as defined by the CQM's measure population would be exempted from reporting on the CQM. For eligible hospitals and CAHs participating in the Medicare EHR Incentive Program, please check with your state Medicaid agency for any additional requirements for the case threshold exemption.
*Does this exemption apply to you?
NO, the EH has more than 5 discharges (if subject to a 90-day EHR reporting period) or more than 20 discharges (if subject to a full FY EHR reporting period).
YES, the EH has 5 or fewer discharges (if subject to a 90-day EHR reporting period) or 20 or fewer discharges (if subject to a full FY EHR reporting period).
*Case Threshold Exemption:
Denominator: All Acute Myocardial Infarctions patients age 18 and older with an ICD-9-CM Principal Diagnosis Code for Acute Myocardial Infarction.
Numerator: Acute Myocardial Infarction patients who are prescribed aspirin at hospital discharge.
Complete the following information:
*Denominator: *Numerator: *Performance Rate: *Exclusion: *Exception:

STEPS

Enter Denominator and Numerator (and Exclusion, if applicable) for all 16 CQMs.

Click **Save & Continue**

Step 37 – Clinical Quality Measures (CQMs) (14 of 16)

Medicare & Medicaid EHR Incentive Program
Registration and Attestation System

Home **Attestation** Status

Clinical Quality Measures

Questionnaire: (14 of 16)
(* Red asterisk indicates a required field.)

Tax Identifier:
NPI:
CCN:
Program Year: 2016

Measure: CMS53/NQ0163
Versions: CMS53v1/CMS53v2/CMS53v3
Title: Primary PCI Received Within 90 Minutes of Hospital Arrival
Description: Acute myocardial infarction (AMI) patients with ST-segment elevation on the ECG closest to arrival time receiving primary PCI during the hospital stay with a time from hospital arrival to PCI of 90 minutes or less.
Exemption: Hospitals and CAHs with 5 or fewer discharges in the relevant EHR reporting period (if subject to a 90-day EHR reporting period), or 20 or fewer discharges (if subject to a full FY EHR reporting period) as defined by the CQM's measure population would be exempted from reporting on the CQM. For eligible hospitals and CAHs participating in the Medicare EHR Incentive Program, please check with your state Medicaid agency for any additional requirements for the case threshold exemption.
*Does this exemption apply to you?
NO, the EH has more than 5 discharges (if subject to a 90-day EHR reporting period) or more than 20 discharges (if subject to a full FY EHR reporting period).
YES, the EH has 5 or fewer discharges (if subject to a 90-day EHR reporting period) or 20 or fewer discharges (if subject to a full FY EHR reporting period).
*Case Threshold Exemption:
Denominator: AMI patients age 18 and older with an ICD-9-CM Principal Diagnosis Code for AMI AND PCI (ICD-9-CM Principal and Other Procedure Codes for PCI) AND ST-segment elevation on the last ECG performed prior to hospital arrival or the first ECG performed after hospital arrival AND PCI performed within 24 hours after hospital arrival.
Numerator: AMI patients whose time from hospital arrival to primary PCI is 90 minutes or less.
Complete the following information:
*Denominator: *Numerator: *Performance Rate: *Exclusion: *Exception:



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 38 – Clinical Quality Measures (CQMs) (15 of 16)

The screenshot shows the 'Attestation' tab selected in the 'Clinical Quality Measures' section. The page displays a questionnaire for measure CMS30/NQF0639, titled 'Statin Prescribed at Discharge'. It includes fields for 'Denominator' and 'Numerator' with associated descriptions. A table at the bottom requires input for '*Denominator*', '*Numerator*', '*Performance Rate*', '*Exclusion*', and '*Exception*'. Red arrows point to the 'NO' radio button, the 'Case Threshold Exemption' field, and the '*Exception*' field.

Medicare & Medicaid EHR Incentive Program
Registration and Attestation System

My Account | Log Out | Help
 Welcome

Home | Registration | **Attestation** | Status

Clinical Quality Measures

Questionnaire: (15 of 16)

(* Red asterisk indicates a required field.)

Measure: CMS30/NQF0639
Versions: CMS30v2/CMS30v3/CMS30v4
Title: Statin Prescribed at Discharge
Description: Acute Myocardial Infarction (AMI) patients who are prescribed a statin at hospital discharge.
Exemption: Hospitals and CAHs with 5 or fewer discharges in the relevant EHR reporting period (if subject to a 90-day EHR reporting period), or 20 or fewer discharges (if subject to a full FY EHR reporting period) as defined by the CQM's measure population would be exempted from reporting on the CQM. For eligible hospitals and CAHs participating in the Medicaid EHR Incentive Program, please check with your state Medicaid agency for any additional requirements for the case threshold exemption.

***Does this exemption apply to you?**

NO, the EH has more than 5 discharges (if subject to a 90-day EHR reporting period) or more than 20 discharges (if subject to a full FY EHR reporting period).
 YES, the EH has 5 or fewer discharges (if subject to a 90-day EHR reporting period) or 20 or fewer discharges (if subject to a full FY EHR reporting period).

***Case Threshold Exemption:**

Denominator: Patients age 18 and older with an ICD-9-CM Principal Diagnosis Code for Acute Myocardial Infarction (AMI).
Numerator: AMI patients who are prescribed a statin medication at hospital discharge.

Complete the following information:

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

Tax Identifier:
 NPI:
 CCN:
 Program Year: 2016

STEPS

Enter Denominator and Numerator (and Exclusion, if applicable) for all 16 CQMs.

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

Step 39 – Clinical Quality Measures (CQMs) (16 of 16)

Medicare & Medicaid EHR Incentive Program
Registration and Attestation System

Welcome | Log Out | Help

Home | Registration | **Attestation** | Status

Clinical Quality Measures

Questionnaire: (16 of 16)

(*) Red asterisk indicates a required field.

Measure: CMS31/NQF1354
Versions: CMS31v1/CMS31v2/CMS31v3
Title: Hearing Screening Prior To Hospital Discharge (EHDI - 1a)
Description: This measure assesses the proportion of births that have been screened for hearing loss before hospital discharge.
Exemption: Hospitals and CAHs with 5 or fewer discharges in the relevant EHR reporting period (if subject to a 90-day EHR reporting period), or 20 or fewer discharges (if subject to a full FY EHR reporting period) as defined by the CQM's measure population would be exempted from reporting on the CQM. For eligible hospitals and CAHs participating in the Medicaid EHR Incentive Program, please check with your state Medicaid agency for any additional requirements for the case threshold exemption.

*Does this exemption apply to you?

NO, the EH has more than 5 discharges (if subject to a 90-day EHR reporting period) or more than 20 discharges (if subject to a full FY EHR reporting period).

YES, the EH has 5 or fewer discharges (if subject to a 90-day EHR reporting period) or 20 or fewer discharges (if subject to a full FY EHR reporting period).

*Case Threshold Exemption:

Denominator: All live births discharged during the measurement time period born at a facility
Numerator: All live births during the measurement time period born at a facility and screened for hearing loss prior to discharge, or screened but still not discharged; or not screened due to medical reasons or medical exclusions.

Complete the following information:

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

Tax Identifier:
NPI:
CCN:
Program Year: 2016

STEPS

Enter Denominator and Numerator (and Exclusion, if applicable) for all 16 CQMs.

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

Step 40 – Topics for this Attestation

Once all the topics are marked completed you may proceed with attestation.

Medicare & Medicaid EHR Incentive Program
Registration and Attestation System

My Account | Log Out | Help
Welcome

Home | Registration | **Attestation** | Status

Attestation Progress

Reason for Attestation

You are modifying your attestation information.

Topics

The data required for this attestation is grouped into topics. In order to complete your attestation, you must complete ALL of the following topics. Select the **TOPIC** and provide the required information. The system will show when each **TOPIC** is completed.

1	Attestation Information	Completed	▶
2	Meaningful Use Objectives	Completed	▶
3	Clinical Quality Measures	Electronic Reporting Program	▶

Note:
When all topics are marked as completed, select the **Continue with Attestation** button to complete the attestation process. The topic of Clinical Quality Measures should be considered complete if it has a status of Electronic Reporting Program.

Continue with Attestation ▶

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

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

STEPS

Select **Continue with Attestation**

You will navigate to the Attestation Summary.

Select **Edit** on any topic to review or revise your entries

Step 4I – Attestation Summary

Click on the Measure List Table link to access the table for editing.

Medicare & Medicaid EHR Incentive Program Registration and Attestation System

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Welcome

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Attestation Summary

3 Meaningful Use Objectives

Tax Identifier:
NPI:
CCN:
Program Year: 2016

Objective	Measure	Entered	Select
Protect electronic protected health information (ePHI) created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities.	Conduct or review a security risk analysis in accordance with the requirements under 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of ePHI created or maintained in certified EHR technology in accordance with requirements under 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), and implement security updates as necessary and correct identified security deficiencies as part of the eligible hospital's or CAH's risk management process.	Yes	<input type="button" value="Edit"/>
Use clinical decision support to improve performance on high-priority health conditions.	Implement five clinical decision support interventions related to four or more clinical quality measures at a relevant point in patient care for the entire EHR reporting period. Absent four clinical quality measures related to an eligible hospital or CAH's scope of practice or patient population, the clinical decision support interventions must be related to high-priority health conditions.	Yes	<input type="button" value="Edit"/>
Use clinical decision support to improve performance on high-priority health conditions.	Enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period.	Yes	<input type="button" value="Edit"/>
Use computerized provider order entry for medication, laboratory, and radiology orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local, and professional guidelines.	More than 60 percent of medication orders created by authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using computerized provider order entry.	Numerator : 120 Denominator : 125	<input type="button" value="Edit"/>
Use computerized provider order entry for medication, laboratory, and radiology orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local, and professional guidelines.	More than 30 percent of laboratory orders created by authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using computerized provider order entry.	Numerator : 120 Denominator : 125	<input type="button" value="Edit"/>
Use computerized provider order entry for medication, laboratory, and radiology orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local, and professional guidelines.	More than 30 percent of radiology orders created by authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using computerized provider order entry.	Numerator : 120 Denominator : 125	<input type="button" value="Edit"/>
Generate and transmit permissible discharge prescriptions electronically (eRx).	More than 10 percent of hospital discharge medication orders for permissible prescriptions	Numerator : 160 Denominator : 280	

Meaningful Use Objectives

Questionnaire: (3A of 9)

(* Red asterisk indicates a required field.)

Objective: Use computerized provider order entry for medication, laboratory, and radiology 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 60 percent of medication orders created by authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using computerized provider order entry.

*PATIENT RECORDS: Please select whether the data used to support the measure 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 only extracted from patient records maintained using certified EHR technology.

Complete the following information:

Numerator The number of orders in the denominator recorded using computerized provider order entry.

Denominator The number of medication orders created by the authorized providers in the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

*Numerator: *Denominator:

Tax Identifier:
NPI:
CCN:
Program Year: 2016

STEPS

Select the measure to **Edit**

Modify your entry

Click **Save Changes**

When you are finished editing the measures, click on Return to **Attestation Progress**.

Step 42 – 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

Step 42 – Submission Process (cont.): Confirmation Page



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 43 – Status Selection

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

Status Selection

Status Summary

You have successfully navigated to the Status Summary page.

The following table outlines a list of all registrations in an approved status. Please click the Select button to navigate to the Status Information page, to review all current and historical information related to your registration.

Filter Selection

To filter the records being displayed, please use the following:

Select a category to filter by: CCN

Enter 6-10 Character CCN:

Displaying records 1 - 1 of 1 found Records Per Page: 5

Name	Tax Identifier	National Provider Identifier (NPI)	CMS Certification Number (CCN)	Incentive Type	Current Status	Action
YOUR HOSPITAL HERE	XX-XXXXXXX (EIN)			Medicare	Your Medicare attestation is in progress and needs to be completed by 11/30/2014.	<input type="button" value="Select"/>

Medicare Attestation Batch Status

Please select the **View Attestation Batch Status** button to review the status on all your Attestation batch files.

STEPS

Once you have submitted your Attestation, navigate to the status tab on the top right of the screen. Here you can view the list of all registrations in an approved status. Click the **Select** button to navigate to the status information page to review all current and historical information related to your registration. To view your batch uploads, click **View Attestation Batch Status**.

For further information about the batch upload process, please visit this page: <https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/AttestationBatchSpecPage.html>

Step 43 – Status Selection (Cont)

Medicare Attestation Selection

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

Filter Selection

To filter the records being displayed, please use the following:
 Select a Category to Filter by:

Displaying records 1 - 5 of 17 found 1 2 3 4 Records Per Page:

Name	Tax Identifier	CMS Certification Number (CCN)	Medicare Attestation Status	Program Year	Payment Year	Action
YOUR HOSPITAL NAME	XX-XXXXXXX (EIN)			2012		<input type="button" value="View"/>
YOUR HOSPITAL NAME	XX-XXXXXXX (EIN)			2013		<input type="button" value="Attest"/>
YOUR HOSPITAL NAME	XX-XXXXXXX (EIN)			2014		<input type="button" value="Modify"/> <input type="button" value="Cancel"/>
YOUR HOSPITAL NAME	XX-XXXXXXX (EIN)			2015		<input type="button" value="Attest"/>
YOUR HOSPITAL NAME	XX-XXXXXXX (EIN)			2016		<input type="button" value="Attest"/>

Medicare Attestation Batch

Please select the **Attestation Batch Upload** button to upload Attestations(s) using a batch file.

STEPS

On this page you can view, modify, or cancel your attestation, or upload batch files. To upload batch files, click **Attestation Batch Upload**.

For further information about the batch upload process, please visit this page: <https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/AttestationBatchSpecPage.html>

Step 44 – Attestation Disclaimer

Home Registration **Attestation** Status

Attestation Disclaimer

General Notice
NOTICE: Any person who knowingly files a statement of claim containing any misrepresentation or any false, incomplete, or misleading information may be guilty of a criminal act punishable under law and may also be subject to civil penalties.

Signature of Eligible Professional
I certify that the following information is true, accurate, and complete. I understand that the Medicare EHR Incentive Program payment I requested will be paid from Federal funds, that by filing this attestation I am submitting a claim for Federal funds, and that the use of any false claims, statements, or documents, or the concealment of a material fact used to obtain a Medicare EHR Incentive Program payment, may be prosecuted under applicable Federal or State criminal laws and may also be subject to civil penalties.

USER WORKING ON BEHALF OF A PROVIDER: I certify that I am attesting on behalf of a provider who has given me authority to act as his/her agent. I understand that both the provider and I can be held personally responsible for all information entered. I understand that a user attesting on behalf of a provider must have an Identity and Access Management system web user account associated with the provider for whom he/she is attesting.

I hereby agree to keep such records as are necessary to demonstrate that I met all Medicare EHR Incentive Program requirements and to furnish those records to the Medicaid State Agency, Department of Health and Human Services, or contractor acting on their behalf.

No Medicare EHR Incentive Program payment may be paid unless this attestation form is completed and accepted as required by existing law and regulations (42 CFR 495.10).

NOTICE: Anyone who misrepresents or falsifies essential information to receive payment from Federal funds requested by this form may upon conviction be subject to fine and imprisonment under applicable Federal laws.

ROUTINE USE(S): Information from this Medicare EHR Incentive Program registration form and subsequently submitted information and documents may be given to the Internal Revenue Service, private collection agencies, and consumer reporting agencies in connection with recoupment of any overpayment made and to Congressional Offices in response to inquiries made at the request of the person to whom a record pertains. Appropriate disclosures may be made to other federal, state, local, foreign government agencies, private business entities, and individual providers of care, on matters relating to entitlement, fraud, program abuse, program integrity, and civil and criminal litigation related to the operation of the Medicare EHR Incentive Program.

DISCLOSURES: This program is an incentives program. Therefore, while submission of information for this program is voluntary, failure to provide necessary information will result in delay in an incentive payment or may result in denial of a Medicare EHR Incentive Program payment. Failure to furnish subsequently requested information or documents to support this attestation will result in the issuance of an overpayment demand letter followed by recoupment procedures.

It is mandatory that you tell us if you believe you have been overpaid under the Medicare EHR Incentive Program. The Patient Protection and Affordable Care Act, Section 6402, Section 1128J, provides penalties for withholding this information.

Agree Disagree

STEPS

Read the disclaimer and click on **Agree** to continue your attestation or **Disagree** to stop the process



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 45 – Attestation Batch Upload

Medicare & Medicaid EHR Incentive Program
Registration and Attestation System

My Account | Log Out | Help
Welcome

Home | **Attestation** | Status

Attestation Batch Upload

Attestation for the Medicare EHR Incentive Program can be submitted using batch instead of entering data in the Attestation System. To submit attestations using batch file, upload the file containing the attestation information for one or more providers using this page. Each batch file can contain a maximum of 10,000 provider attestations. The batch file can be either a CSV (comma separated) file or a XML file.

A 2014 Certified EHR Technology is required to submit attestations using batch file. If you are using an older edition of CEHRT, please enter your attestation using the RNA system.

Please note that you can only upload a maximum of 25 batch files per day. Once you meet the maximum, you will not be allowed to upload files until the next day.

For the file templates and instructions on creating the file, please visit the [Attestation Batch Specifications Page](#).

(*) Red asterisk indicates a required field.

Payment Penalty Information:

Providers participating in Meaningful Use (MU) for the first year must complete their MU functional measure AND clinical quality measure (CQM) submissions no later than July 1 of the reporting period year for eligible hospitals or October 1 for eligible professionals in order to avoid the payment adjustment next year. If you plan to electronically submit your CQMs, please ensure that you have received confirmation that you've met the CQM reporting requirements.

I understand that in order to avoid payment adjustment, the complete attestation must be submitted before July 1 for eligible hospitals or October 1 for eligible professionals.

*** Batch File:**

Please select the Browse button to choose the file to be uploaded:

Browse... **Note:** The file extension should match the batch file format: '.csv' for a CSV file and '.xml' for a XML files.

*** Email Address:** **Note:** The emails related to the batch file status updates will be sent to this email address.

*** Confirm Email Address:**

*** Attestation Statements**

You are about to submit your attestation batch file.

Please check the box next to the statement below to attest, and then select the Upload button to complete your attestation:

The information submitted for Meaningful Use measures accurately reflects the use of the Certified EHR Technology and if CQMs are included they were generated as output from an identified Certified EHR Technology

The batch file being uploaded does not include Medicare Attestations for providers who have registered for Medicaid; OR Medicare Attestations are submitted for Medicaid Providers due to their ineligibility to meet MU with Medicaid and to enable them to avoid Medicare Payment Adjustments. Attestations done under the Medicare program are subject to Medicare audit, and adverse audit findings may lead to rejection of the Medicare attestation.

Please select the **Upload** button to save your entry and proceed with attestation batch file upload. Select the **Cancel** button to go back to the Attestation Selection page and your attestation batch file will not be uploaded.

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

STEPS

Make the appropriate selections on the page and click **Browse** to select file to be uploaded.

File extension should be '.csv' for CSV files or '.xml' for XML files.

Enter and confirm your email address.

Check the appropriate box next to the Attestation Statements.

Select **Upload**.

Step 46 – Submission Receipt (accepted attestation)

Submission Receipt

Passed Attestation
The hospital or CAH demonstrates meaningful use of certified EHR technology by meeting the applicable objectives and associated measures.

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

Attestation Tracking Information
Attestation Confirmation Number:
LBN:
TIN:
CCN:
EHR Certification Number:
EHR Reporting Period: 01/01/2016 - 03/31/2016
Attestation Submission Date: 06/09/2016
Reason for Attestation: You are a Medicare Eligible Hospital completing an attestation for the EHR Incentive Program.

Please select the **Print Receipt** button to print this page. Select the **Review Results** button to view all measures. Select the **Status** tab above for additional information about your EHR incentive program participation.

[Print Receipt](#) [Review Results](#)

STEPS

Your attestation was accepted

Print this receipt for your records

Your Medicare Attestation Status will show Accepted and you will receive an email notification

Attestation

Medicare Attestation Instructions

Welcome to the Medicare Attestation Page. Medicare providers must attest using this system or attest via batch upload. Attestation for the Medicare Incentive program occurs at the State Medicaid Agency. If you want to change your incentive program designation, select the Registration tab.

Note: Medicaid Participants who have demonstrated meaningful use under the Medicaid EHR Incentive Program in a prior year and cannot demonstrate meaningful use for the current year, may submit an attestation for the current year through the Medicare EHR Incentive Program by selecting an action below.

The payment year includes the years for which the Eligible Professional is claimed by a Medicare Advantage Organization (MAO) for the MA Incentive program.

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 or a Medicaid 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.

Filter Selection

To filter the records being displayed, please use the following:

Select a Category to Filter by: Program Year

Select Program Year: 2015 [Clear Filter](#)

Displaying records 1 - 1 of 1 found [Records Per Page: 5](#) [Apply](#)

Name	Tax Identifier	CMS Certification Number (CCN)	Program Type	Medicare Attestation Status	Program Year	Payment Year	Action
John Smith	XXX-XX-XXXX	00-0000000 (EM)	MEDICARE	Accepted	2015	1	Modify View

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.



TIP

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

Step 47 – Submission Receipt (rejected attestation)

The screenshot shows the Medicare & Medicaid EHR Incentive Program Registration and Attestation System interface. The user is logged in, and the 'Attestation' tab is selected. The main content area displays a 'Submission Receipt' for a rejected attestation. The receipt includes the following information:

- Rejected Attestation:** The hospital or CAH did not demonstrate meaningful use of certified EHR technology because one or more objectives were not met as indicated by non-compliant measures.
- Reason for Rejection:** One or more of the meaningful use objective measures calculations did not meet meaningful use minimum standards.
- Note:** Please print this page for your records. You will receive an email confirmation of your attestation.
- Attestation Tracking Information:**
 - Attestation Confirmation Number:
 - LBN:
 - TIN:
 - CCN:
 - EHR Certification Number:
 - EHR Reporting Period: 10/01/2015 - 12/31/2016
 - Attestation Submission Date: 12/17/2016
 - Reason for Attestation: You are modifying your attestation information.

At the bottom of the receipt, there are buttons for 'Print Receipt' and 'Review Results'. A CMS logo is visible in the footer.

STEPS

Your attestation was rejected.

Print this receipt for your records.

The Medicare Attestation Status will show **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 - 03/01/15 through 05/31/15 versus 03/02/15 through 06/01/15), 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.**



TIP

Visit <https://www.cms.gov/EHRIncentivePrograms/> for meaningful use requirements.

Step 48 – Attestation Summary (rejected attestation)

STEPS

Click on **Review Results** to view the status of each measure

Review each measure for the Accepted/Rejected Status.

The screenshot shows the Medicare & Medicaid EHR Incentive Program Registration and Attestation System interface. The page title is "Summary of Meaningful Use Objectives". It displays "Meaningful Use Objectives Results" for an attestation submitted on 12/17/2016 with confirmation number 1000045434. A yellow box contains user information: Tax Identifier, NPI, CCN, and Program Year: 2016. A table lists four objectives with their measures, reasons, entered status, and accepted/rejected status. The first and last rows are marked as "Rejected". At the bottom, a "Review Results" button is circled in red, and a "Previous" button is also visible.

Objective	Measure	Reason	Entered	Accepted / Rejected
Protect electronic protected health information (ePHI) created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities.	Conduct or review a security risk analysis in accordance with the requirements under 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of ePHI created or maintained in certified EHR technology in accordance with requirements under 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), and implement security updates as necessary and correct identified security deficiencies as part of the eligible hospital's or CAH's risk management process.	This measure does not meet minimum standard.	No	Rejected
Use clinical decision support to improve performance on high-priority health conditions.	Implement five clinical decision support interventions related to four or more clinical quality measures at a relevant point in patient care for the entire EHR reporting period. Absent four clinical quality measures related to an eligible hospital or CAH's scope of practice or patient population, the clinical decision support interventions must be related to high-priority health conditions.	This measure meets minimum standard.	Yes	Accepted
Use clinical decision support to improve performance on high-priority health conditions.	Enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period.	This measure meets minimum standard.	Yes	Accepted
Use computerized provider order entry for medication, laboratory, and radiology orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state,	More than 60 percent of medication orders created by authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using computerized provider order entry.	This measure does not meet minimum standard.	8.00%	Rejected



TIP

Print the Summary of Measures page for your future reference

Step 49 – Cancel Attestation

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

Medicare & Medicaid EHR Incentive Program
Registration and Attestation System

Welcome | Log Out | Help

Home Registration **Attestation** Status

Cancel Attestation

Attestation Information
(* Red asterisk indicates a required field)

The attestation listed below is on file with the Medicare & Medicaid EHR Incentive Program Registration & Attestation System. You may only cancel an attestation if you have not received an EHR incentive payment. To cancel this attestation, please provide a reason for cancellation and select the **Continue to Cancel Attestation** button. Select the **Review Results** button if you would like to view all submitted measures before canceling this attestation.

Note: Cancel means you are canceling your attestation and would need to Reactivate in order to receive an EHR incentive payment.

Attestation ID:
Attestation Confirmation Number:
Attestation Status: In Progress
LBN:
TIN:
CCN:
NPI:
EHR Certification Number:
EHR Reporting Period: 10/01/2015-12/31/2015

Tax Identifier:
NPI:
CCN:
Program Year: 2015

You have decided to cancel your attestation

*Reason for Cancellation:

Please select the **Previous** button to go back to the Attestation Page, the **Review Results** button to view all submitted measures, or the **Continue to Cancel Attestation** button to cancel this attestation.

Previous **Review Results** Continue to Cancel Attestation

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

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?



STEPS

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

The Help link is located on each page



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 7:30 a.m. – 6:30 p.m. EST

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>

ACRONYMS

Acronym Translation

CAH	Critical Access Hospital
CCN	CMS Certification Number
CMS	Centers for Medicare & Medicaid Services
CQM	Clinical Quality Measure
DMF	Social Security Death Master File
EHR	Electronic Health Record
EIN	Employer's Identification Number
EP	Eligible Professional
FI	Fiscal Intermediary
FQHC	Federally Qualified Health Center
I&A	Identity & Access Management
IDR	Integrated Data Repository
LBN	Legal Business Name
MAC	Medicare Administrative Contractor
MAO	Medicare Advantage Organization
NLR	National Level Repository
NPI	National Provider Identifier
NPPES	National Plan and Provider Enumeration System
OIG	Office of the Inspector General
PECOS	Provider Enrollment, Chain and Ownership System
RHC	Rural Health Center
SSN	Social Security Number
TIN	Tax Identification Number



