EHR INCENTIVE PROGRAMS IN 2015 – 2017
FOR STAGE 1 AND STAGE 2 PROVIDERS

ATTESTATION
USER GUIDE
For Eligible Professionals

Medicare Electronic Health Record
(EHR) Incentive Program

February 2017
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Medicare regulations can be found on the CMS Web site at [http://www.cms.gov](http://www.cms.gov)

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Disclaimer:
The Centers for Medicare & Medicaid Services (CMS) is providing this material as an informational reference for eligible professionals.
Although every reasonable effort has been made to assure the accuracy of the information within these pages at the time of posting, the Medicare program is constantly changing, and it is the responsibility of each provider to remain abreast of the Medicare program requirements.

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

To receive an incentive payment or avoid payment adjustments, Medicare Eligible Professionals (EPs) must attest every year to their meaningful use of certified electronic health record technology using this ATTESTATION module. (Medicaid EPs should contact their states for information about how to attest.)

This is a step-by-step guide for the Medicare Eligible Professionals (EPs) Electronic Health Record (EHR) Incentive Program ATTESTATION module for demonstrating meaningful use 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.

**TIPS**

To determine your eligibility, click on the CMS website.

For a list of Eligible Professional Types (EPs), click on Eligible Professionals (EPs) link.
Step 1 - (Continue)

Carefully read the screen for important information.

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

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

Eligible Professionals (EPs)

- If you are an EP, you must have an active 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.

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.

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.

Account Management

- If you are an existing user and need to reset your password, visit the I&A System.

(* Asterisk indicates a required field.

User ID: 
Password: 

Log in  Cancel 

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

TIPS

Users working on behalf of an Eligible Professional(s) must have an Identity and Access Management system (I&A) web user account (User ID/Password) and be associated to the Eligible Professional’s NPI. If you are working on behalf of an Eligible Professional(s) and do not have an I&A web user account, Create a Login in the I&A System.

Contact the PECOS Help Desk if you cannot remember your password-(866) 484-8049/TTY(866)523-4759, https://pecos.cms.hhs.gov

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

User name and password are case sensitive
Step 2 – Login (Continued)

Working on Behalf of an Eligible Professional

**STEPS**

If you are already registered as an authorized user, proceed to page 22 of this guide. If you are a new user, click **register**.

Read through the Terms and Conditions and click **Accept**.

**TIPS**

Click on the HELP tab at the top of the screen for help creating your I&A user name and password.

User name and password are case sensitive.
Step 2 – Login (Continued)

Working on Behalf of an Eligible Professional

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

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

TIPS
At least one NPI is required to assign access
Use the Previous button to navigate between pages in the system
In order for a provider to create an online account, the NPI record must be in the status of Active or Pending Change Request
Step 2 – Login (Continued)

Working on Behalf of an Eligible Professional

STEPS

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

TIPS

Click on HELP for additional guidance to navigate the system

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

Working on Behalf of an Eligible Professional

**STEPS**

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

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

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

**TIPS**

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

Working on Behalf of an Eligible Professional

STEPS

Once you have entered all your information, you will receive a confirmation email and see a screen notifying you that you have been successfully registered.

TIPS

Click on Help for additional guidance to navigate the system

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

Working on Behalf of an Eligible Professional

STEPS

Once you have successfully logged in, you will see the main Identity & Access Management System. Here you can update your profile, manage your connections, or access helpful resources.

TIPS

Click on Help for additional guidance to navigate the system

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

Working on Behalf of an Eligible Professional

**STEPS**

To finish registering through the Identity & Access Management System, you will need to enter your personal information in the My Profile tab. If you would like to add an employer, you can do so at the bottom of the page.

**TIPS**

Click on Help for additional guidance to navigate the system.

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

Working on Behalf of an Eligible Professional

**TIPS**

Click on Help for additional guidance to navigate the system

The Help link is on every page

**STEPS**

To add an employer, enter the organization information including the NPI number. Click *Search*. 
Step 2 – Login (Continued)

Working on Behalf of an Eligible Professional

**STEPS**

Select your employer from the search results. If your provider is not listed, click **Add Employer Not in List**.

**TIPS**

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

Working on Behalf of an Eligible Professional

**STEPS**

Select *Delegated Official* as the role you are requesting for the provider.

**TIPS**

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

Working on Behalf of an Eligible Professional

**STEPS**

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

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

When you are finished, click **Done**.

**TIPS**

Click on Help for additional guidance to navigate the system

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

Working on Behalf of an Eligible Professional

**STEPS**

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

---

**TIPS**

Click on Help for additional guidance to navigate the system.

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

Working on Behalf of an Eligible Professional

**STEPS**

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

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

**TIPS**

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

Working on Behalf of an Eligible Professional

STEPS

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

TIPS

Click on Help for additional guidance to navigate the system

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

Working on Behalf of an Eligible Professional

STEPS

In the My Connections tab you can view the details and status of each of your connections.

Once your account is connected with the eligible professional or organization you are working with, you will be able to begin the registration and attestation process.

Click on Help for additional guidance to navigate the system.

The Help link is on every page.
Step 3 – Welcome
If your login was successful you will receive the “Welcome Screen”.

The Welcome screen consists of four tabs to navigate through the registration and attestation process:
1. Home
2. Registration
3. Attestation
4. Status

Meaningful Use information:
Step 3 – Welcome

If your login was successful you will receive the “Welcome Screen”.

**TIPS**

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

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

**STEPS**

The **Attestation** tab will provide you the status of each provider for which you are attesting.

**Meaningful Use information:**

Step 4 – Attestation Instructions
Follow the registration instructions below.

**STEPS**
Select the appropriate program year that you are attesting for. For multiple records you may filter the records by NPI.

Read the Attestation instructions.

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

**TIPS**
"Resubmit", "Modify", "Cancel" and "Reactivate" are the available Action web links for returning users.

Only one action can be performed at a time on this page.

Step 5 – Topics for this Attestation
The data required is grouped into three topics for Attestation.

Step 1: Click on “Attestation Information” to begin the attestation process.

Step 2: Or

Step 3: Click Continue with Attestation to begin the attestation process.

TIPS

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

When all topics are checked completed or N/A user can select “Continue with Attestation”
Step 6 – Attestation Information

**STEPS**

Enter your CMS EHR Certification Number

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

Click on *Save & Continue*

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

**TIPS**

EPs must attest to modified Stage 2 for program year 2016. The EHR reporting period is a minimum of any continuous 90-day period between January 1, 2016 and December 31, 2016.

EPs 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 EPs will report to different systems in 2017 and therefore would not be affected by this proposal.

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

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

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

EPs must attest to modified Stage 2 for program year 2016. The EHR reporting period is a minimum of any continuous 90-day period between January 1, 2016 and December 31, 2016.

EPs 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 EPs will report to different systems in 2017 and therefore would not be affected by this proposal.

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

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

Follow the instructions on the CHPL website to obtain your CMS EHR Certification Number
STAGE 1 - Eligible Professionals

The following are objectives and measures for the EHR Incentive Programs for eligible professionals who are in Stage 1 for years prior to 2016. Certain measures include alternate exclusions and specifications to allow providers who were previously scheduled to be in a Stage 1 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 1 equivalent.

If you are in Stage 2, please skip this section and go directly to the Stage 2 Eligible Professionals section.

STEPS

Choose 2 of the 3 public health measures. Eligible professionals scheduled to be in Stage 1 must attest to at least 2 measures from the Public Health Reporting Objective Measures 1-3.

Eligible Professionals may claim an alternate exclusion for Public Health Reporting Syndromic Surveillance Reporting Measures: Specialized Registry Reporting.

An alternate exclusion may only be claimed for up to two measures, then the provider must either attest to or meet the exclusion requirements for the remaining Public Health Reporting Measure.

TIPS

An EP 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 two measures. Therefore, the EP must claim the applicable exclusions or attest to the remaining measure 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 7 –
Meaningful Use Objective Questionnaire (1 of 10)
Read the objective and measure and respond as appropriate.

**STEPS**
Select Yes or No
Click on Save & Continue
Step 8 –

**Meaningful Use Objective Questionnaire (2A of 10)**

Read the objective and measure and respond as appropriate.

---

**STEPS**

Select the measure.

Choose Yes or No.

Click on **Save & Continue**.
Step 9 –
Meaningful Use Objective Questionnaire (2A of 10)
If choosing the alternate objective and measure please read and respond as appropriate.

STEPS

Select the alternate objective and measure.

Choose Yes or No.

Click on Save & Continue to continue with your attestation.

TIPS

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

Log back into the system and select the “Attestation” tab to continue your attestation when you return.
Step 9 –

**Meaningful Use Objective Questionnaire (2B of 10)**

Read the objective and measure and respond as appropriate.

---

**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**.

---

**TIPS**

*EPs can be excluded from meeting an objective if they meet the requirements of the exclusion. If the EP cannot meet the specific exclusion requirements, then the EP cannot answer “Yes” to the exclusion question. (If no exclusion is indicated, the EP must report on that measure)*
Step 10 – Meaningful Use Objective Questionnaire (3A of 10)

Read the objective and measure and respond as appropriate.

**STEPS**

Select the measure.

Select the appropriate option under Patient Records.

Answer Yes or No to the Exclusion.

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

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

**TIPS**

TIP: At the EP's discretion, the numerators and denominators of certain measures may be calculated using only the patient records maintained in certified EHR technology. The EP may also elect to calculate the numerators and denominators of these measures using ALL patient records. EPs must indicate which method they used in their calculations.
**Step 10 –**

**Meaningful Use Objective Questionnaire (3A of 10)**

If choosing the alternate measure, please read and respond as appropriate.

### STEPS

- Select the measure.
- Select the appropriate option under Patient Records.
- Answer Yes or No to the Exclusion.
- Click on **Save & Continue** to continue with your attestation.

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

### TIPS

- Numerator and Denominator must be whole numbers.
- Click on HELP for additional guidance to navigate the system.
- The Help Link is available on every page.
**Step 11 –**

**Meaningful Use Objective Questionnaire (3B of 10)**

Read the objective and measure and respond as appropriate.

---

**TIPS**

At the EP’s discretion, the numerators and denominators of certain measures may be calculated using only the patient records maintained in certified EHR technology. The EP may also elect to calculate the numerators and denominators of these measures using ALL patient records. EPs must indicate which method they used in their calculations.
Step 12 –
Meaningful Use Objective Questionnaire (3C of 10)

Read the objective and measure and respond as appropriate.

**STEPS**

Select the appropriate option under Patient Records.

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

Click on Save & Continue to continue with your attestation.

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

**TIPS**

At the EP’s discretion, the numerators and denominators of certain measures may be calculated using only the patient records maintained in certified EHR technology. The EP may also elect to calculate the numerators and denominators of these measures using ALL patient records. EPs must indicate which method they used in their calculations.
Step 13 –

**Meaningful Use Objective Questionnaire (4 of 10)**

Read the objective and measure and respond as appropriate.

**STEPS**

1. **Select the Measure.**
2. Select the appropriate option under Patient Records.
3. Answer Yes or No to the Exclusion.
4. Click on **Save & Continue** to continue with your attestation.

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

**TIPS**

- **Numerator and Denominator must be whole numbers.**
- Click on **HELP** for additional guidance to navigate the system.
- The **Help Link** is available on every page.
Step 13 –
Meaningful Use Objective Questionnaire (4 of 10)

If choosing the alternate measure, read and respond as appropriate.

**STEPS**

Select the Alternate Measure.

Select the appropriate option under Patient Records.

Answer Yes or No to the Exclusion.

Click on Save & Continue to continue with your attestation.

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

**TIPS**

Numerator and Denominator must be whole numbers.

Click on HELP for additional guidance to navigate the system.

The Help Link is available on every page.
Step 14 –
Meaningful Use Objective Questionnaire (5 of 10)
Read the objective and measure and respond as appropriate.

**STEPS**

Select the appropriate option under Patient Records.

Answer Yes or No to the Alternate Exclusion or Exclusion.

Click on Save & Continue to continue with your attestation.

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

**TIPS**

Numerator and Denominator must be whole numbers.

You may select the previous button to go back.
Step 15 –

**Meaningful Use Objective Questionnaire (6 of 10)**

Read the objective and measure and respond as appropriate.

**STEPS**

Answer Yes or No to the Alternate Exclusion or Exclusion.

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

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

**TIPS**

- Numerator and Denominator must be whole numbers.
- You may select the previous button to go back.
Step 16 –
Meaningful Use Objective Questionnaire (7 of 10)
Read the objective and measure and respond as appropriate.

Select the appropriate option under Patient Records.

Answer Yes or No to the Alternate Exclusion or Exclusion.

Click on Save & Continue to continue with your attestation.

If you click “No,” the screen will expand and you must enter the numerator and denominator for the measure.
Step 17 –

**Meaningful Use Objective Questionnaire (8A of 10)**

Read the objective and measure and respond as appropriate.

**STEPS**

Answer Yes or No to the exclusion.

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

Complete the numerator and the denominator.

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.

The completed topics have a check mark on the Topics screen.
Step 18 – Meaningful Use Objective Questionnaire (8B of 10)

Read the objective and measure and respond as appropriate.

STEPS

Answer Yes or No to the Exclusion.

Click on Save & Continue to continue with your attestation.

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

Click on Save & Continue to continue with your attestation.

TIPS

Numerator and Denominator must be whole numbers.

You may select the previous button to go back.
Step 19 –
Meaningful Use Objective Questionnaire (9 of 10)

Read the objective and measure and respond as appropriate.

**STEPS**

Answer Yes or No to the Alternate Exclusion or Exclusion.

Click on Save & Continue to continue with your attestation.

If the alternate exclusion or exclusion do not apply to you, answer Yes or No to the measure.
Step 20 –
Meaningful Use Objective Questionnaire (10A of 10)

Read the objective and measure and respond as appropriate.

STEPS

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 option you chose.

Answer Yes or No to the Exclusion.

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

Click on Save & Continue to continue with your attestation.
Step 21 –
Meaningful Use Objective Questionnaire (10B of 10)
Read the objective and measure and respond as appropriate.

Steps

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 option you chose.

Answer Yes or No to the Alternate Exclusion or Exclusion.

If the alternate exclusion or exclusion do not apply to you, answer Yes or No to the measure.

Click on Save & Continue to continue with your attestation.
Step 22 –
Meaningful Use Objective Questionnaire (10C of 10)
Read the objective and measure and respond as appropriate.

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 option you chose.

Answer Yes or No to the Alternate Exclusion or Exclusion.

If the alternate exclusion or exclusion do not apply to you, answer Yes or No to the measure.

Click on Save & Continue to continue with your attestation.

To complete your attestation, skip to page 65.
STAGE 2 - Eligible Professionals

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

STEPS
Choose 2 of the 3 public health measure options. Eligible Professionals scheduled to be in Stage 2 must attest to at least 2 measures from the Public Health Reporting Objective Measures 1-3.

You may claim an alternative exclusion for Public Health Measures: Syndromic Surveillance Reporting or Specialized Registry Reporting.

TIPS
An EP 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 two measures. Therefore, the EP must claim the applicable exclusions or attest to the remaining measure 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 7 –
Meaningful Use Objective Questionnaire (1 of 10)
Read the objective and measure and respond as appropriate.

STEPS
Select Yes or No.
Click on Save & Continue.

TIPS
Click on HELP for additional guidance to navigate the system.
The Help Link is available on every page.
Step 8 –
Meaningful Use Objective Questionnaire (2A of 10)

Read the objective and measure and respond as appropriate.

For additional information: EHR Incentive Program Educational Resources

Click on HELP for additional guidance to navigate the system.

The Help Link is available on every page.
Step 9 –
Meaningful Use Objective Questionnaire (2B of 10)
Read the objective and measure and respond as appropriate.

**STEPS**

Answer Yes or No to the Exclusion.

Click on Save & Continue.

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

**TIPS**

*Click on HELP for additional guidance to navigate the system.*

*The Help Link is available on every page.*
Step 10 –
Meaningful Use Objective Questionnaire (3A of 10)
Read the objective and measure and respond as appropriate.

**STEPS**

Select the appropriate option under Patient Records.

Answer Yes or No to the Exclusion.

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

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

**TIPS**

At the EP’s discretion, the numerators and denominators of certain measures may be calculated using only the patient records maintained in certified EHR technology. The EP may also elect to calculate the numerators and denominators of these measures using ALL patient records. EPs must indicate which method they used in their calculations.
Step 11 –
Meaningful Use Objective Questionnaire (3B of 10)
Read the objective and measure and respond as appropriate.

**STEPS**

Select the appropriate option under Patient Records.

Answer Yes or No to the Exclusion.

Click on Save & Continue to continue with your attestation.

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

**TIPS**
At the EP’s discretion, the numerators and denominators of certain measures may be calculated using only the patient records maintained in certified EHR technology. The EP may also elect to calculate the numerators and denominators of these measures using ALL patient records. EPs must indicate which method they used in their calculations.
Step 12 –
Meaningful Use Objective Questionnaire (3C of 10)
Read the objective and measure and respond as appropriate.

STEPS

Select the appropriate option under Patient Records.

Answer Yes or No to the Exclusion.

Click on Save & Continue to continue with your attestation.

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

TIPS
At the EP’s discretion, the numerators and denominators of certain measures may be calculated using only the patient records maintained in certified EHR technology. The EP may also elect to calculate the numerators and denominators of these measures using ALL patient records. EPs must indicate which method they used in their calculations.
Step 13 –
Meaningful Use Objective Questionnaire (4 of 10)
Read the objective and measure and respond as appropriate.

STEPS

Select the appropriate option under Patient Records.

Answer Yes or No to the Exclusion.

Click on Save & Continue to continue with your attestation.

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

TIPS

Numerator and Denominator must be whole numbers.

Click on HELP for additional guidance to navigate the system.

The Help Link is available on every page.
Step 14 –
Meaningful Use Objective Questionnaire (5 of 10)
Read the objective and measure and respond as appropriate.

**STEPS**

Select the appropriate option under Patient Records.

Answer Yes or No to the Exclusion.

Click on Save & Continue to continue with your attestation.

If you click “No,” the screen will expand and you must enter the numerator and denominator for the measure.
Step 15 –
Meaningful Use Objective Questionnaire (6 of 10)
Read the objective and measure and respond as appropriate.

STEPS

Answer Yes or No to the Exclusion.

Click on Save & Continue to continue with your attestation.

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

TIPS

Numerator and Denominator must be whole numbers.

Click on HELP for additional guidance to navigate the system.

The Help Link is available on every page.
Step 16 –

Meaningful Use Objective Questionnaire (7 of 10)

Read the objective and measure and respond as appropriate.

STEPS

Select the appropriate option under Patient Records.

Answer Yes or No to the Exclusion.

Click on Save & Continue to continue with your attestation.

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

TIPS

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

Click on HELP for additional guidance to navigate the system.

The Help Link is available on every page.
Step 17 –
Meaningful Use Objective Questionnaire (8A of 10)
Read the objective and measure and respond as appropriate.

**STEPS**
Answer Yes or No to the Exclusion.
If you click "No," the screen will expand and you must enter the numerator and the denominator.
Click on Save & Continue to continue with your attestation.

**TIPS**
Enter the Numerator and Denominator if the exclusion does not apply to you.
Click on HELP for additional guidance to navigate the system.
The Help Link is available on every page.
Step 18 –
Meaningful Use Objective Questionnaire (8B of 10)

Read the objective and measure and respond as appropriate.

**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 to continue with your attestation.

**TIPS**

Numerator and Denominator must be whole numbers.

Click on HELP for additional guidance to navigate the system.

The Help Link is available on every page.
Step 19 –

Meaningful Use Objective Questionnaire (9 of 10)

Read the objective and measure and respond as appropriate.

**STEPS**

- Answer Yes or No to the Exclusion.

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

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

**TIPS**

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

The completed topics have a check mark on the Topics screen.
Step 20 –
Meaningful Use Objective Questionnaire (10A of 10)

Read the objective and measure and respond as appropriate.

STEPS

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.

Answer Yes or No to the Exclusion.

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

Click on Save & Continue to continue with your attestation.
Step 21 –

**Meaningful Use Objective Questionnaire (10B of 10)**

Read the objective and measure and respond as appropriate.

**STEPS**

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.

Answer Yes or No to the Alternate Exclusion or Exclusion.

If the alternate exclusion or exclusion do not apply to you, answer Yes or No to the measure.

Click on Save & Continue to continue with your attestation.
Step 22 –
Meaningful Use Objective Questionnaire (10C of 10)
Read the objective and measure and respond as appropriate.

STEPS

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.

Answer Yes or No to the Alternate Exclusion or Exclusion.

If the alternate exclusion or exclusion do not apply to you, answer Yes or No to the measure.

Click on Save & Continue to continue with your attestation.
**Step 23 – Clinical quality measures (CQM) – Reporting Clinical Quality Measures**

**STEPS**

Select Option 1 or 2.

If you choose Option 1 you must electronically report using the Medicare EHR Incentive eReporting option (using the most recent versions) for the calendar year OR I will submit my CQM data using the Comprehensive Primary Care (CPC) attestation module.

Click on the link in the Option 1 bullet for more information.

If you choose Option 2, you may enter the CQMs manually to complete your attestation.

Providers participating in Medicare Shared Savings Program (SSP), Next Generation, or Pioneer ACOs can eReport their CQMs through the PQRS GPRO Web Interface and choose the eReporting option in the attestation system to get credit for the EHR incentive program meaningful use.

The EHR program will verify the successful electronic submission of CQMs in PQRS GPRO Web Interface after the attestation deadline for the Meaningful Use credit.

Click **Save & Continue**

**TIP**

For information on the CQM eReporting, click on the Clinical Quality Measure Specification Page
Step 24 – Choosing Clinical Quality Measures to Report
Select a minimum of 9 Clinical Quality Measures from the list below. Your selection must include at least 3 of the 6 HHS National Quality Strategy domains.

**STEPS**

Select a minimum of 9 clinical quality measures. Your selection must include at least 3 of the 6 HHS National Quality Strategy domains.

Click **Save and Continue**.

Note: First time participants in the EHR Incentive Program must attest to their CQMs in the Registration and Attestation System. Submission of CQMs through other mechanisms will not satisfy the submission of CQM requirements for the EHR Incentive Program. It is acceptable for EPs in their first year of participation to attest to their CQMs and submit them electronically to satisfy the reporting requirements of other programs.

**TIPS**

Click on Help for additional guidance to navigate the system.
Step 25 – Clinical quality measures (CQM) Questionnaire

(1 of 9)
You will be prompted to enter Numerator(s), Denominator(s), Performance Rates, and Exclusion(s), if applicable, for selected Clinical Quality Measures after you click on Save & Continue.

**STEPS**

Enter Clinical Quality Measure 1 of 9.

Enter the Denominator, Numerator, Performance Rates and Exclusion

Click on Save & Continue

**TIP**

For information on the CQM eReporting, click on the Clinical Quality Measure Specification Page
Step 26 – Clinical quality measures (CQM) Questionnaire
(2 of 9)

**STEPS**

Enter Clinical Quality Measure 2 of 9.

Enter the Denominator, Numerator, Performance Rates and Exception

Click on Save & Continue

**TIP**

For information on the CQM eReporting, click on the Clinical Quality Measure Specification Page
Step 27 – Clinical quality measures (CQM) Questionnaire
(3 of 9)

**STEPS**

Enter Clinical Quality Measure 3 of 9.

Enter the Denominator, Numerator and Performance Rates

Click on *Save & Continue*

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**TIP**

For information on the CQM eReporting, click on the Clinical Quality Measure Specification Page
Step 28 – Clinical quality measures (CQM) Questionnaire

(4 of 9)

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

STEPS

Enter Clinical Quality Measure 4 of 9.

Enter the Denominator, Numerator and Performance Rates

Click on Save & Continue
Step 29 – Clinical quality measures (CQM) Questionnaire (5 of 9)

**TIP**

For information on the CQM eReporting, click on the Clinical Quality Measure Specification Page
Step 30 – Clinical quality measures (CQM) Questionnaire
(6 of 9)

STEPS
Enter Clinical Quality Measure 6 of 9.

Enter the Denominator, Numerator and Performance Rates

Click on Save & Continue

TIP
For information on the CQM eReporting, click on the Clinical Quality Measure Specification Page
Step 31 – Clinical quality measures (CQM) Questionnaire (7 of 9)

For information on the CQM eReporting, click on the Clinical Quality Measure Specification Page
Step 32 – Clinical quality measures (CQM) Questionnaire (8 of 9)

**Clinical Quality Measures**

Questionnaire: (8 of 9)

(*) Red asterisk indicates a required field.

- **Measure:** CMS127/NQF0043
- **Versions:** CMS127v1/CMS127v2/CMS127v3
- **Title:** Pneumonia Vaccination Status for Older Adults
- **Description:** Percentage of patients 65 years of age and older who have ever received a pneumococcal vaccine.
  - **Denominator:** Patients 65 years of age and older with a visit during the measurement period.
  - **Numerator:** Patients who have ever received a pneumococcal vaccination.

Complete the following information:

- Denominator
- Numerator
- Performance Rate:

For CQM field descriptions: Help

For additional information: Clinical Quality Measure Specification Page

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

TIP: For information on the CQM eReporting, click on the Clinical Quality Measure Specification Page
Step 33 – Clinical quality measures (CQM) Questionnaire (9 of 9)

Enter Clinical Quality Measure 9 of 9.

Enter the Denominator, Numerator and Performance Rates

Click on **Save & Continue**

**TIP**

For information on the CQM eReporting, click on the Clinical Quality Measure Specification Page
Step 34 - Topics for this Attestation

**STEPS**

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

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

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

**TIPS**

Click on the Progress Bar to modify your Attestation.

If you choose not to view the summary of measures, you will navigate to step 35.
Step 35 - Submission Process: Attestation Statements

**STEPS**

Check box next to each statement to attest.

To complete your attestation, click **agree**.

Click **Submit Attestation** if you are ready to submit your attestation.
Step 36 – Attestation Disclaimer

**General Notice**

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

**Signature of Eligible Professional**

I certify that the foregoing information is true, accurate and complete. I understand that the Medicare EHR Incentive Program payment I requested will be paid from Federal funds, that by filing this statement 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 does not have the ability to act as a principal agent, I understand that both the provider and I can be held personally responsible for all information entered, I understand that a user acting on behalf of a provider must have an identifiable Access Management System 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 such 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 USES:** 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 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 a 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 the 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 6421, Section 1128I, provides penalties for withholding this information.

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**TIPS**

CMS recommends you review all of their attestation information before submitting. EPs who fail their attestation can submit their information again, but cannot submit information for the exact same reporting period.

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

If **DISAGREE** is chosen you will move back to the Home Page and your attestation will not be submitted.
Step 37 – Submission Receipt (Accepted Attestation)

**STEPS**

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

This concludes the Attestation Process.

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

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

**TIPS**

Please print this receipt for your records.

The Summary will indicate whether the measure is accepted or rejected.

You will receive a confirmation email.
Step 38 – Submission Receipt (Rejected Attestation)

STEPS

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

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

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

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

Click on Review Results to review the status of the Meaningful Use Objectives and Clinical Quality Measures.

Choose the appropriate measure link from the summary of measures list.

TIPS

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

Click on Help for additional guidance to navigate the system.
Step 39 – Summary of Measures – Rejected Attestation

**STEPS**

Review Summary of Meaningful Use Objective Results.

Select *Edit*.

Review each measure for the Accepted/Rejected status.

*Print the Summary of Measures page for your future reference.*
Step 40 – Medicare Attestation – Resubmission

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

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

STEPS

Select Resubmit under the Action column

NOTE: EPs who fail their attestation can submit their information again, but cannot submit information for the exact same reporting period.

The reporting period for eligible professionals must fall within the calendar year.
Step 41 – Topics for Attestation – Resubmission

**Steps**

Select the desired measure link to review details of your attestation.

Click *Continue with Attestation*.

**TIP**

All of the topics must be complete in order to continue with attestation.
Step 42 – Attestation Statements and Confirmation
Page – Resubmission

STEPS

Check each box next to each statement to attest

Click on Agree

Click on Submit Attestation to confirm submission

TIP

Select the Disagree button to go to the Home Page (your attestation will not be submitted), or the Agree button to proceed with the attestation submission process
Step 43 – Attestation Disclaimer

**General Notice**

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

**Signature of Eligible Professional**

I certify that the foregoing information is true, accurate, and complete. I understand that the Medicare EHR Incentive Program payment I requested will be paid from Federal funds. That by filing this attestation I am submitting a claim for Federal funds, and that the use of any false claims, statements, or documents, or the concealment of a material fact used to obtain a Medicare EHR Incentive Program payment, may be prosecuted under applicable Federal or State criminal laws and may 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 their 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 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 these records to the Medicare State Agency, Department of Health and Human Services, or contractor acting on their behalf.

No Medicare EHR Incentive Program payment shall be paid unless an attestation form is completed and accepted as required by applicable regulations (42 CFR 495.10).

**NOTICE:** Anyone who misrepresents or falsifies essential information related to the Medicare EHR Incentive Program payment from Federal funds requested by this form may be subject to fine and imprisonment under applicable laws.

**ROUTINE USE(S):** Information from this Medicare EHR Incentive Program registration form and subsequently submitted information and data may be given to the Internal Revenue Service, private collection and consumer reporting agencies in connection with recovery of overpayment made to Congressional Offices in response to a request of the person to whom a record pertains. A disclosure may be made to other federal, state, local, foreign government agencies, private business entities, and individual providers of services relating to entitlement, fraud, program abuses, program and civil and criminal litigation related to the operation of the Medicare EHR Incentive Program.

**DISCLOSURE:** This program is an incentive program. Therefore, submission of information for this program is voluntary. Failure to provide necessary information will result in delay in an incentive payment or denial of a Medicare EHR Incentive Program payment. If a recipient subsequently requested information, data or an attestation will result in the issuance of an overpayment demand followed by recoupment procedures.

It is mandatory that you tell us if you believe you have been over or under the Medicare EHR Incentive Program. The Patient Protection and Cures Act, Section 6102, Section 1128, provides penalties for willful non-disclosure of this information.

**TIP**

If Disagree is chosen you will be directed back to the Medicare Attestation Instructions page to Modify or Cancel your attestation.

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**Medicare Attestation Instructions**

Welcome to the Medicare Attestation page. Medicare providers must attest using this system. Attestation for the Medicare EHR Incentive Program occurs at the State Medicaid Agency. If you want to change your incentive program designation, select the Registration tab.

For information on the meaningful use requirements for attestation, please visit the National Web Information area.

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 entered Medicare attestation that has not yet been submitted.

**Cancel**

Revocate a Medicare attestation prior to receiving an EHR incentive payment.

**Resubmit**

Resubmit a failed or rejected Medicare attestation.

**Reactivate**

Reactivate a cancelled Medicare attestation.

**View**

Review the Medicare attestation summary of measures after submission.

**Not Available**

In order to begin, modify, cancel, revalidate, or revalidate a Medicare Attestation record, the EHR Incentive Program Registration associated to the Medicare Attestation record must have a Medicare Registration Status of "Active." Please verify that the registration is in the correct status.

**Medicare Attestation Selection**

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

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**Medicare EHR Incentive Program User Guide – Page 85**
Step 44 – Review Status Information

**STEPS**

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

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

RESOURCES

Contact the EHR Information Center Help Desk for Questions concerning registration and attestation, (888) 734-6433 / TTY: (888) 734-6563 Hours of operation: Monday-Friday 7:30 a.m. – 6:30 p.m. EST

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

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

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

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

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

STEPS

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

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<td>Clinical Quality Measures</td>
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