

# 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



November 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 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 I – 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

**Medicare & Medicaid EHR Incentive Program**  
**Registration and Attestation System**

Welcome to the Medicare & Medicaid EHR Incentive Program Registration & Attestation System

### About This Site

The Medicare and Medicaid Electronic Health Records (EHR) Incentive Programs will provide incentive payments to eligible professionals and eligible hospitals as they demonstrate adoption, implementation, upgrading, or meaningful use of certified EHR technology. These incentive programs are designed to support providers in this period of Health IT transition and instill the use of EHRs in meaningful ways to help our nation to improve the quality, safety, and efficiency of patient health care.

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

**Additional Resources:** For User Guides to Registration and Attestation that will show you how to complete these modules, a list of EHR technology that is certified for this program, specification sheets with additional information on each Meaningful Use objective, and other general resources that will help you complete registration and attestation, please visit [CMS website](#).

**Eligible to Participate** - There are two types of groups who can participate in the programs. For detailed information, visit [CMS website](#).

### Overview of Eligible Professional (EP) and Eligible Hospital Types

#### Eligible Professionals (EPs)

Medicare EPs include:

- Doctors of Medicine or Osteopathy
- Doctors of Dental Surgery or Dental Medicine
- Doctors of Podiatric Medicine
- Doctors of Optometry
- Chiropractors

Medicare Advantage Organization (MAO) EPs - A qualifying MAO may receive an incentive payment for their EPs. For more information, visit [CMS website](#).

**NOTE:** EPs may NOT be hospital-based. This is defined as any provider who furnishes 90% or more of their services in a hospital setting (inpatient or emergency room).

Medicaid EPs include:

- Physicians
- Nurse Practitioners
- Certified Nurse - Midwife
- Dentists
- Physicians Assistants who practice in a Federally Qualified Health Center (FQHC) or Rural Health Center (RHC) that is led by a Physician Assistant.
- Doctors of Optometry

Further, Medicaid EPs must also:

- Have a minimum of 30% Medicaid patient volume (20% minimum for pediatricians), OR
- Practice predominantly in a FQHC or RHC and have at least 30% patient volume to needy individuals.

#### Eligible Hospitals

Medicare Eligible Hospitals include:

- Subsection (d) hospitals in the 50 states or DC that are paid under the hospital inpatient prospective payment system. Hospitals in Maryland may also participate per law.
- Critical Access Hospitals (CAHs)
- Medicare Advantage Affiliated hospitals (MA-Affiliated Hospitals)

Medicaid Eligible Hospitals include:

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

Navigation: Previous | **Continue**



## 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.

## 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

*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

The screenshot shows the 'Login Instructions' page for the Medicare & Medicaid EHR Incentive Program Registration and Attestation System. It is divided into four main sections: Eligible Professionals (EPs), Eligible Hospitals, Associated with both Eligible Professionals (EPs) and Eligible Hospitals, and Account Management. Each section contains bullet points with instructions and links. At the bottom, there is a login form with fields for User ID and Password, and buttons for 'Log In' and 'Cancel'. There are also footer links for Web Policies, Department of Health & Human Services, CMS.gov, Accessibility, and File Formats and Plugins.

## STEPS

Enter your National Plan and Provider Enumeration System (NPPES) web user account, user ID and password to log into the attestation system

Click **Log in**

Proceed to STEP 3 on page 23 of this guide if you logged in as an Eligible Professional

Proceed through STEP 2 if you are working on behalf of an Eligible Professional



## 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/NPPES/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

The screenshot displays the CMS Identity & Access Management System interface. The top section is titled "User Registration" and includes a note: "Note: The e-mail address provided must be a unique e-mail address for you, and will be the e-mail address used to contact you regarding your user account." Below this are input fields for "E-mail Address" and "Confirm E-mail Address", a CAPTCHA image with a "Listen to audio" link, and a "Submit" button. The bottom section shows an email confirmation message with a "Received PIN" field and a "Submit" button.

## STEPS

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

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



### TIPS

At least one NPI is required to assign access

Use the Previous button to navigate between pages in the system

In order for a provider to create an online account, the NPI record must be in the status of Active or Pending Change Request

## Step 2 – Login (Continued)

### Working on Behalf of an Eligible Professional

**CMS** Centers for Medicare & Medicaid Services

Identity & Access Management System [Help](#)

User Registration - User Security

Step 1 User Security | Step 2 User Info | Final Review

\* indicates required field(s)

**User ID:**

**Password:**

**Confirm Password:**

**User ID**

- Must be 6-12 alphanumeric characters and unique within the Identity & Access Management System and NPPES.
- Must not contain more than four digits, nor spaces or special characters.
- Must not contain personally identifiable information such as SSN or NPI.

**Password**

- Must be 8-12 alphanumeric characters.
- Must contain at least one letter and one number.
- May not contain any special characters nor be the same as the User ID.

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

**Question 1:**  **Answer 1:**

**Question 2:**  **Answer 2:**

**Question 3:**  **Answer 3:**

**Question 4:**  **Answer 4:**

**Question 5:**  **Answer 5:**

[Continue](#) | [Cancel](#)

## STEPS

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



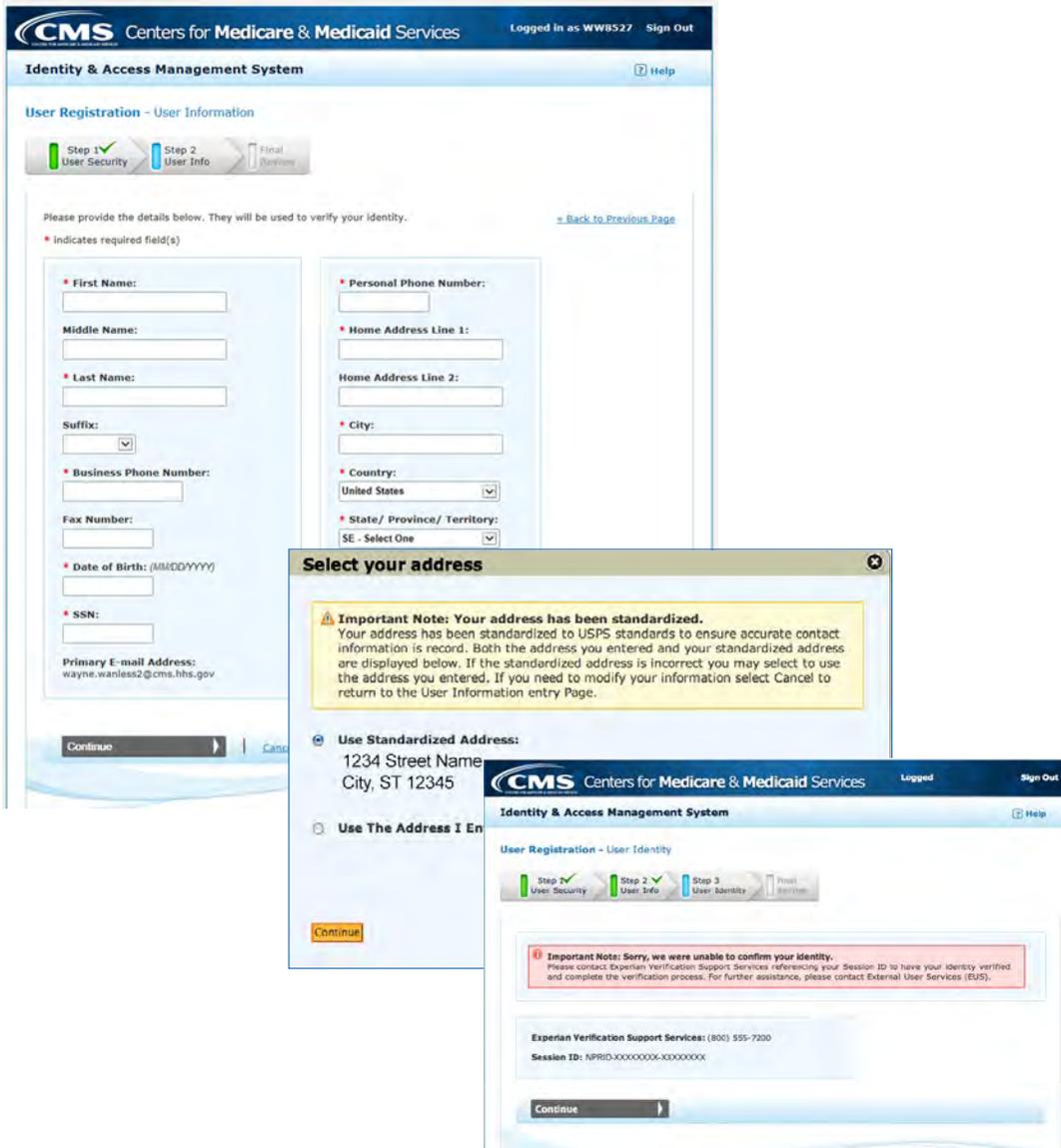
## TIPS

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

The screenshot displays the CMS Identity & Access Management System interface. At the top, it shows the CMS logo and the text "Centers for Medicare & Medicaid Services". The user is logged in as "WW8527" and there is a "Sign Out" link. The main heading is "Identity & Access Management System" with a "Help" link. Below this, there is a note: "Note: You are able to see the email because you are in debug mode". The email content includes: "From: donotreply@cms.gov", "To:", "Subject: Acknowledgement of Registration", "Congratulations, you have successfully registered as a user of the I&A system. Please note your account information:", "Name:", "User ID:", "Date of Registration: 01/15/2016", "You can login using the following link: https://npes7.cms.cmsval/IAWeb/login.do.", and "Systems that currently accept I&A log in credentials: Internet-based PECOS (https://pecos.cms.hhs.gov), EHR Incentive Program (https://ehrincentives.cms.gov). Please do not reply to this message via e-mail. This address is automated, unattended, and cannot help with questions. External User Services (EUS) Help Desk, FO Box 792750, San Antonio, TX 78279, 1-866-484-8049, EUSsupport@cgi.com". Below the email, there is a "User Registration - User Information" section with a progress bar showing "Step 1 User Security" (checked), "Step 2 User Info" (checked), and "Final Complete" (not checked). A message box says "Congratulations, your account has been successfully created." Below this, there are instructions for different user roles: "If you are an Individual Provider, you will be able to see all associations with your NPI.", "If you are an Authorized Official or a Delegated Official, you will need to add your employer(s) to manage staff and connections associated with your employer(s).", and "If you are a Staff End User, you will need to ask an Authorized Official or Delegated Official associated with your employer to invite you to work on the behalf of the employer." A "Continue To Homepage" button is at the bottom.

## 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

The screenshot shows the CMS Identity & Access Management System interface. At the top, the CMS logo and "Centers for Medicare & Medicaid Services" are displayed, along with "Logged in as" and "Sign Out" links. Below the header, the page title "Identity & Access Management System" is shown with a "Help" link. The main content area has a navigation bar with "Home", "My Profile", and "My Connections" tabs. The "Home" tab is active, displaying a welcome message: "Welcome to the Identity and Access Management System!". Below this, there are three sections: "Are you an Individual Provider?", "Are you responsible for an Organization?", and "None of above?". Each section contains instructions and a link to register or update information. A "News & Alerts" box on the right contains "EUS Contact Information" for External User Services. At the bottom, there are six resource cards: "Quick Reference Guide", "Frequently Asked Questions", "Video: How to Create an Account", "Video: Setting Up Staff", "Video: How to register as an Authorized Official for your Organization", and "Video: Connections?".

## 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.



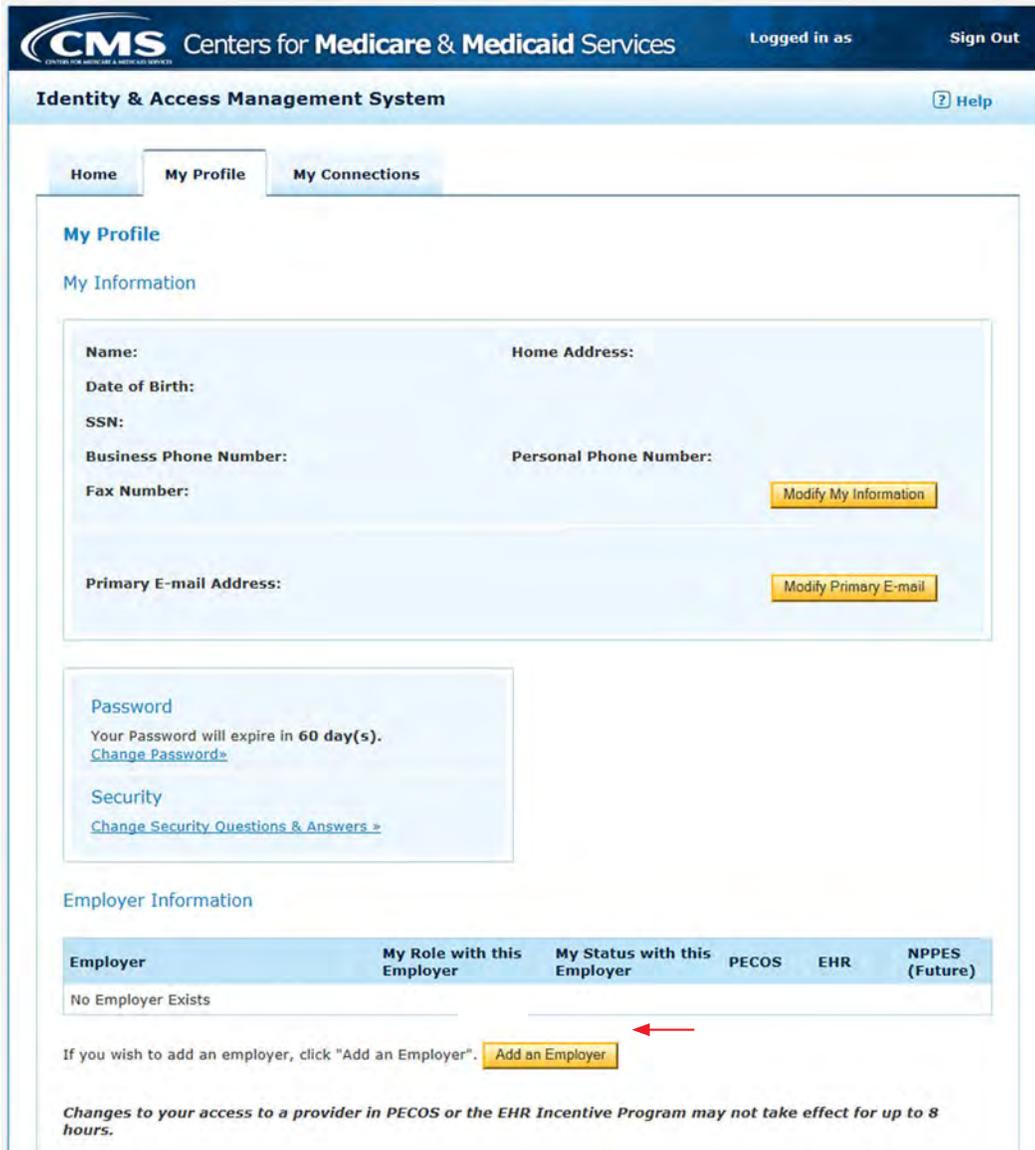
### TIPS

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



**Identity & Access Management System** Help

Home **My Profile** My Connections

**My Profile**

My Information

Name: Home Address:  
Date of Birth:  
SSN:  
Business Phone Number: Personal Phone Number:  
Fax Number: Modify My Information

Primary E-mail Address: Modify Primary E-mail

Password  
Your Password will expire in **60 day(s)**.  
[Change Password](#)

Security  
[Change Security Questions & Answers](#)

Employer Information

Employer	My Role with this Employer	My Status with this Employer	PECOS	EHR	NPPES (Future)
No Employer Exists					

If you wish to add an employer, click "Add an Employer". Add an Employer

*Changes to your access to a provider in PECOS or the EHR Incentive Program may not take effect for up to 8 hours.*

## 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

The screenshot shows the CMS Identity & Access Management System interface. At the top, it says 'CMS Centers for Medicare & Medicaid Services' and 'Logged In as' with a 'Sign Out' link. Below that is the 'Identity & Access Management System' header with a 'Help' icon. The main content area has tabs for 'Home', 'My Profile', and 'My Connections'. Under 'My Profile', there is a sub-section 'Add Employer Search' with a 'Back to Previous Page' link. The search instructions state: 'Search for Organizations or Individual Providers that you wish to be associated with as an Authorized or Delegated Official. You can search by entering either the Organization Name (with City/State or ZIP); or Last Name (for Individual Provider); or NPI (for Individual Provider or Organization). If you are searching for a Provider to work on their behalf, please use My Connections.' The search form contains the following fields: Organization Name, NPI, First Name, Last Name, City, State (a dropdown menu currently showing 'SE - Select One'), and ZIP. A yellow 'Search' button is located to the right of the NPI field. A red arrow points to this button.

## STEPS

To add an employer, enter the organization information including the NPI number. Click **Search**.



### TIPS

Click on [Help](#) for additional guidance to navigate the system

The [Help](#) link is on every page

## Step 2 – Login (Continued)

### Working on Behalf of an Eligible Professional

**CMS** Centers for Medicare & Medicaid Services    Logged in as    Sign Out

**Identity & Access Management System**    Help

Home    **My Profile**    My Connections

**My Profile** ▶ Add Employer Search    [Back to Previous Page](#)

Search for Organizations or Individual Providers that you wish to be associated with as an Authorized or Delegated Official. You can search by entering either the Organization Name (with City/State or ZIP); or Last Name (for Individual Provider); or NPI (for Individual Provider or Organization). If you are searching for a Provider to work on their behalf, please use My Connections.

Organization Name:     NPI:     Search

First Name:     Last Name:

City:     State: SE - Select One    ZIP:

**Search Results**

Name	Doing Business As	NPI	Address	View NPI	View Other Name
○				<input type="button" value="View NPI(s)"/>	<input type="button" value="View Other Name(s)"/>

If your employer information does not exist, please select "Add Employer Not in List".     ←

## 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

**Important Note:** You must be either the Authorized Official or Delegated Official in order to add the employer.

**Please select the role you are requesting for this employer:**

- Select One
- Authorized Official (signatory for your organization authorized to legally bind the organization in agreements)
- Delegated Official (managing users, updating account information for your provider/organization)

## 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

The screenshot shows the CMS Identity & Access Management System interface. At the top, it says 'CMS Centers for Medicare & Medicaid Services' and 'Logged in as [Name] Last Logged on 10/06/2015 02:09PM'. The main navigation includes 'Home', 'My Profile', 'My Connections', and 'My Staff'. The 'My Profile' section is active, showing 'Add Employer' and 'Confirmation and Review'. A 'Print this page' link is available. The main content area has two boxes: 'You are requesting to be a(n) Authorized Official:' with instructions to submit a CP 575 form and an I&A Tracking ID, and 'Contact Information' for External User Services (EUS) in San Antonio, Texas. Below this is a table for 'The employer you have registered for is:' with fields for Legal Business Name, EIN, Mailing Address, Phone Number, and Request Tracking ID. At the bottom, there is a table for 'NPI(s) associated with your employer are:' with columns for NPI, Legal Business Name, and Location. A 'Done' button is at the bottom left.

## 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

The screenshot shows the CMS Identity & Access Management System interface. At the top, it says "CMS Centers for Medicare & Medicaid Services" and "Logged in as [username] Last Logged on 10/06/2015 02:09PM". The page title is "Identity & Access Management System" with a "Help" link. Navigation tabs include "Home", "My Profile", "My Connections", and "My Staff". The "My Profile" tab is active, showing "My Information" and "Employer Information".

**My Information**

Name: \_\_\_\_\_ Home Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
SSN: \_\_\_\_\_  
Business Phone Number: \_\_\_\_\_ Personal Phone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_ [Modify My Information](#)  
Primary E-mail Address: \_\_\_\_\_ [Modify Primary E-mail](#)

**Password**  
Your Password will expire in 60 day(s).  
[Change Password](#)

**Security**  
[Change Security Questions & Answers](#)

**Employer Information**

Employer	My Role with this Employer	My Status with this Employer	PECOS	EHR	NPPES (Future)
<a href="#">+</a>					
<a href="#">+</a>					

If you wish to add an employer, click "Add an Employer" [Add an Employer](#)

*Changes to your access to a provider in PECOS or the EHR Incentive Program may not take effect for up to 8 hours.*

*If you are requesting to be an AO or DO for an employer and you are an approved AO or DO in PECOS for that employer, your request will be automatically approved within 24 hours.*

## 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.



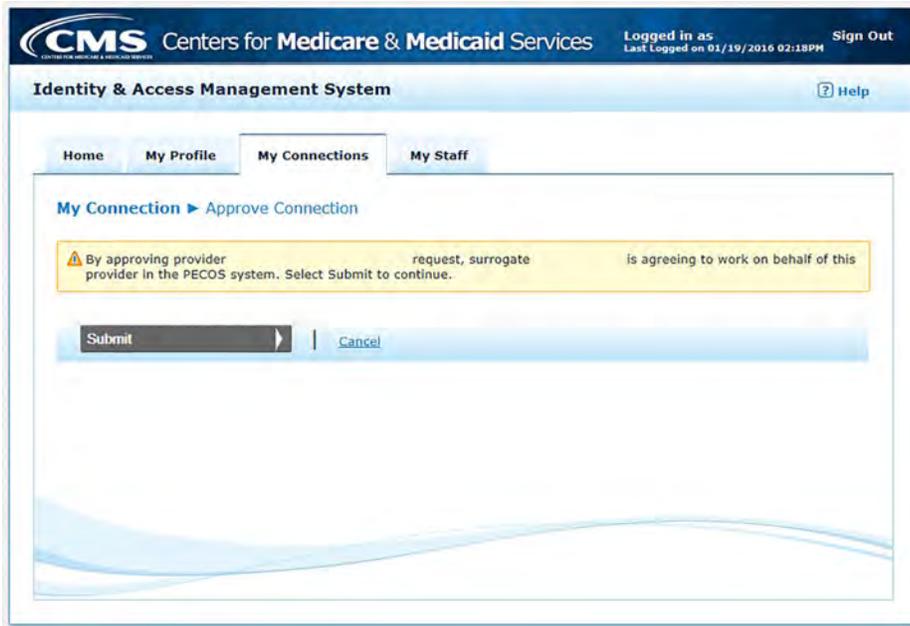
### TIPS

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

The screenshot shows the 'My Connections' tab with the following sections:

- My Connection > Connection Detail** (with a 'Back to Previous Page' link)
- Provider Details** form with fields for Name, Phone, NPI, Doing Business As (DBA), Business Mailing Address, City, State, ZIP Code, and E-mail Address.
- Business Functions Details** table with columns: Business Function, Requested Date, Access Status, Tracking ID, and Available Actions. The table contains two rows of data, each with 'Approve' and 'Reject' buttons. A 'Disable' button is also present.
- Note:** Access to NPPES via this connection is not currently available, but will be in the future. All approved connections for the NPPES (Future) business function will automatically grant the surrogate access to NPPES to apply for/view/modify NPI's on your behalf when this access becomes available.
- NPI(s) Associated with this Provider:** A table with columns: Provider Name, Doing Business As, NPI, and Business Mailing Address.
- Notes** table with columns: Date, Account Activity, and Note.

## STEPS

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

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



### TIPS

Click on Help for additional guidance to navigate the system

The Help link is on every page

## Step 3 – Welcome

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

## STEPS

After you login, the system will alert you of your next step in the registration and attestation process, such as when your registration needs to be completed, or that it is time to begin attestation.

The Status tab will also display your next step in the process, like shown below.

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



### TIPS

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

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

Meaningful Use information:

<https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/2015ProgramRequirements.html>

## Step 3 – Welcome

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

My Account | Log Out | Help

Welcome

Home | Registration | Attestation | Status

Welcome to the Medicare & Medicaid EHR Incentive Program Registration & Attestation System

Last Successful Login: 06/07/2016 | Unsuccessful Login Attempts: 0

Welcome 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 Providers can receive a maximum of 5 years of Medicare EHR Incentive payments. The last year that an Eligible Provider can receive a Medicare EHR Incentive payment is 2016. 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 [Medicare and Medicaid EHR Incentive Program Basics](#) page for more information.

For Medicare EHR incentive program participants, you will need to demonstrate meaningful use of certified EHR technology.

For Medicaid EHR incentive program participants, you will need to demonstrate adoption, implementation, upgrading, or meaningful use of certified EHR technology in your first year and demonstrate meaningful use for the remaining years in the program. Attestation for Medicaid occurs through your State Medicaid Agency.

**Instructions**

Select any topic to continue.

**Registration**

- Register in the Incentive Payment Program
- Continue Incomplete Registration
- Modify Existing Registration
- Resubmit a Registration that was previously deemed ineligible
- Reactivate a Registration
- Switch Incentive Programs (Medicare/Medicaid)
- Switch Medicaid State
- Cancel participation in the Incentive Program

**Attestation**

Medicare

- Attest for the Incentive Program
- Continue Incomplete Attestation
- Modify Existing Attestation
- Discontinue Attestation
- Resubmit Failed or Rejected Attestation
- Reactivate Canceled Attestation

**Note:** Attestation for the Medicaid incentive program occurs at the State Medicaid Agency.

**Status**

- View current status of your Registration, Attestation, and Payment(s) for the Incentive Program

## STEPS

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



### TIPS

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

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

Meaningful Use information:

<https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/2015ProgramRequirements.html>

## Step 4 – Attestation Instructions

Follow the registration instructions below.

**Medicare Attestation Instructions**

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

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

**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 6 found. Records Per Page: 5

Name	Tax Identifier	National Provider Identifier (NPI)	Program Type	Medicare Attestation Status	Program Year	Payment Year	Action
	(SSN)	1023289337	MEDICARE	Passed	2016	N/A	Modify View
	(SSN)	1023289337	MEDICARE	Payment Issued	2015	5	View
	(SSN)	1023289337	MEDICARE	Payment Issued	2014	4	View
	(SSN)	1023289337	MEDICARE	Payment Issued	2013	3	View
	(SSN)	1023289337	MEDICARE	Payment Issued	2012	2	View

**Medicare Attestation Batch**

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

## 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

Batch attestation is available for large group practices. Click on <http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/BatchUserGuide.pdf> for the Batch Attestation User Guide.

## Step 5 – Topics for this Attestation

The data required is grouped into three topics for Attestation.

The screenshot displays the Medicare & Medicaid EHR Incentive Program Registration and Attestation System. At the top, there is a navigation bar with 'Home', 'Registration', 'Attestation', and 'Status' tabs. The 'Attestation' tab is selected. Below the navigation bar, the 'Attestation Progress' section is shown. It includes a 'Reason for Attestation' section, a 'Tax Identifier' box (NPI, Program Year: 2016), and a 'Topics' section. The 'Topics' section lists three topics: 'Attestation Information' (Completed), 'Meaningful Use Objectives' (Topic Pending), and 'Clinical Quality Measures' (Topic Pending). A 'Continue with Attestation' button is located at the bottom left. The footer contains links for 'Web Policies & Important Links', 'Department of Health & Human Services', 'CMS.gov', 'Accessibility', and 'File Formats and Plugins', along with the CMS logo.

## STEPS

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

Or

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

Medicare & Medicaid EHR Incentive Program  
Registration and Attestation System

My Account | Log Out | Help  
Welcome

Home | Registration | **Attestation** | Status

### Attestation Information

(\*) Red asterisk indicates a required field.

Name:  
TIN:

**Tax Identifier:  
NPI:  
Program Year:**

**EHR Certification Number:**  
Please provide your EHR Certification Number:  
\*EHR Certification Number:  [How do I find my EHR Certification Number?](#)  
Note: If an EHR Certification Number is displayed, please verify that it is accurate.

**EHR Reporting Period:**  
Please provide the EHR reporting period associated with this attestation:  
A minimum of 90 days must be specified for your meaningful use attestation. Please enter your EHR Reporting Period within the same calendar year.  
\*EHR Reporting Period Start Date (mm/dd/yyyy):   
\*EHR Reporting Period End Date (mm/dd/yyyy):

Please select the Previous button to go back a Continue button to save your entry and proceed.

Previous | **Save & Continue**

Web Policies & Important Links  
CMS.gov | Access

**Attestation Information**

You have been identified as a Hospital-Based Eligible Professional for this EHR Reporting Period. You are not eligible to participate in the Medicare EHR Incentive Program for this EHR Reporting Period.

(\*) Red asterisk indicates a required field.

Name: John B.  
TIN:

Please provide your EHR Certification Number:  
\*EHR Certification Number:  [How do I find my EHR Certification Number?](#)  
Note: If an EHR Certification Number is displayed, please verify that it is accurate.

Please provide the EHR reporting period associated with this attestation:  
A minimum of 90 days must be specified for your first meaningful use attestation. Please enter your EHR Reporting Period within the same calendar year.  
\*EHR Reporting Period Start Date (mm/dd/yyyy): 02/01/2012  
\*EHR Reporting Period End Date (mm/dd/yyyy): 06/06/2012

Save & Continue | Previous

## 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

## STAGE I - Eligible Professionals

The following are objectives and measures for the EHR Incentive Programs for eligible professionals 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 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.

**Meaningful Use Objectives**

Instructions: You must attest to all ten Meaningful Use Objectives.

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

You are required to select and attest to at least two measures from Public Health Reporting Measures 1-3 (Immunization Registry Reporting, Syndromic Surveillance Reporting, Specialized Registry Reporting).

- You may claim an Alternate Exclusion for Public Health Reporting Measures: Syndromic Surveillance Reporting and Specialized Registry Reporting.
- Specialized Registry Reporting measure allows multiple responses for an additional registry.
- 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(s).

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 who can enter orders into the medical record per state, local, and professional guidelines.	Required
Generate and transmit permissible prescriptions electronically (eRx).	Required
The EP who transfers their patient to another setting of care or provider of care or refers their 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 EP who receives a patient from another setting of care or provider of care or believes an encounter is relevant performs medication reconciliation.	Required
Provide patients the ability to view online, download, and transmit their health information within 4 business days of the information being available to the EP.	Required
Use secure electronic messaging to communicate with patients on relevant health information.	Required

Public Health Reporting Objective	Measures	Select
The EP 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 EP is in active engagement with a public health agency to submit immunization data.	<input checked="" type="checkbox"/>
	Syndromic Surveillance Reporting: The EP is in active engagement with a public health agency to submit syndromic surveillance data.	<input checked="" type="checkbox"/>
	Specialized Registry Reporting (1): The EP is in active engagement to submit data to a specialized registry.	<input checked="" type="checkbox"/>
	Specialized Registry Reporting (2): The EP is in active engagement to submit data to a second specialized registry.	<input checked="" type="checkbox"/>

Select two of the three public health options



### 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.

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 10)**

(\*) 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 by 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 EP'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 EP'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.gov | Accessibility | File Formats and Plugins

CMS  
CENTERS FOR MEDICARE & MEDICAID SERVICES

## 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.

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 10)**

(\*) Red asterisk indicates a required field.

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

Measure: \*Please select one of the following:

- 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 EP's scope of practice or patient population, the clinical decision support interventions must be related to high-priority health conditions.
- Alternate Objective:** Implement one clinical decision support rule relevant to specialty or high clinical priority along with the ability to track compliance with that rule.  
**Alternate Measure:** Implement one clinical decision support rule.

Complete the following information:

\*Have you implemented five clinical decision interventions related to four or more CQMs 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  
OFFICE OF MEDICARE & MEDICAID SERVICES

## STEPS

.....

Select the measure.

Choose Yes or No.

Click on **Save & Continue**.



**TIPS** If you select the **Alternate Objective and Measure**, please see the next page.

## 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

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 10)**

(\*) Red asterisk indicates a required field.

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

Measure: \*Please select one of the following:

- 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 EP's scope of practice or patient population, the clinical decision support interventions must be related to high-priority health conditions.
- OR
- Alternate Objective:** Implement one clinical decision support rule relevant to specialty or high clinical priority along with the ability to track compliance with that rule.  
**Alternate Measure:** Implement one clinical decision support rule.

Complete the following information:

\*Have you implemented one clinical decision support rule 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

## 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.

Medicare & Medicaid EHR Incentive Program  
Registration and Attestation System

Log Out | Help

Welcome

Home | Registration | **Attestation** | Status

### Meaningful Use Objectives

**Questionnaire: (2B of 10)**

(\*) 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.

**EXCLUSION:** Any EP who writes fewer than 100 medication orders during the EHR reporting period.

Exclusion from this requirement does not prevent an EP from achieving meaningful use.

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

Yes  No

**Complete the following information:**

**\*Have you 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](#)

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

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.

The screenshot shows the 'Meaningful Use Objectives' questionnaire for '3A of 10'. The objective is '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.' The measure asks to select one of two options: 'More than 60 percent of medication orders created by the EP during the EHR reporting period are recorded using computerized provider order entry' (selected) or 'More than 30 percent of all unique patients with at least one medication in their medication list seen by the EP during the EHR reporting period have at least one medication order entered using computerized provider order entry or more than 30 percent of medication orders created by the EP during the EHR reporting period, are recorded using computerized provider order entry.' The exclusion section asks 'Does this exclusion apply to you?' with 'No' selected. The 'PATIENT RECORDS' section asks to select whether data was extracted from all patient records or only from certified EHR technology, with 'ALL patient records not just those maintained using certified EHR technology' selected. At the bottom, there are input fields for 'Numerators' and 'Denominator'. Navigation buttons include 'Previous', 'Return to Attestation Progress', and 'Save & Continue'.

## 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.

Medicare & Medicaid EHR Incentive Program  
Registration and Attestation System

My Account | Log Out | Help  
Welcome

Registration | **Attestation**

### Meaningful Use Objectives

Questionnaire: (3A of 10)

(\*) Red asterisk indicates a required field.

Tax Identifier:  
NPI:  
Program Year: 2016

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: \*Please select one of the following:

More than 60 percent of medication orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.

OR Alternate Measure:

More than 30 percent of all unique patients with at least one medication in their medication list seen by the EP during the EHR reporting period have at least one medication order entered using computerized provider order entry; or more than 30 percent of medication orders created by the EP during the EHR reporting period, are recorded using computerized provider order entry.

EXCLUSION: Any EP who writes fewer than 100 medication orders during the EHR reporting period. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

\*Does this exclusion apply to you?

Yes  No

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

The data was extracted from ALL patient records not just those maintained using certified EHR technology

This data was 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 EP 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 | CMS

CMS.gov | Accessibility | File Formats and Plugins

## 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 II – Meaningful Use Objective Questionnaire (3B of 10)

Read the objective and measure and respond as appropriate.

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 10)  
(\*) Red asterisk indicates a required field.

Tax Identifier:  
NPI:  
Program Year: 2016

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 EP during the EHR reporting period are recorded using computerized provider order entry.

**ALTERNATE EXCLUSION:** Providers scheduled to be in Stage 1 in 2015 may claim an exclusion for measure 2 (laboratory orders) of the Stage 2 computerized provider order entry objective for an EHR reporting period in 2015.

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

**EXCLUSION:** Any EP who writes fewer than 100 laboratory orders during the EHR reporting period.  
Exclusion from this requirement does not prevent an EP from achieving meaningful use.

\*Does this exclusion apply to you?  
 Yes  No

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

The data was extracted from ALL patient records not just those maintained using certified EHR technology  
 This data was 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 EP 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  
CMS.gov | Accessibility | File Formats and Plugins

## 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 12 – Meaningful Use Objective Questionnaire (3C of 10)

Read the objective and measure and respond as appropriate.

Medicare & Medicaid EHR Incentive Program  
Registration and Attestation System

My Account | Log Out | Help  
Welcome

Home | Registration | **Attestation** | Status

### Meaningful Use Objectives

Questionnaire: (3C of 10)  
(\*) 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 radiology orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.

**ALTERNATE EXCLUSION:** Providers scheduled to be in Stage 1 in 2015 may claim an exclusion for measure 3 (radiology orders) of the Stage 2 computerized provider order entry objective for an EHR reporting period in 2015.

\*Do you want to claim this exclusion?

Yes  No

**EXCLUSION:** Any EP who writes fewer than 100 radiology orders during the EHR reporting period.  
Exclusion from this requirement does not prevent an EP from achieving meaningful use.

\*Does this exclusion apply to you?

Yes  No

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

The data was extracted from ALL patient records not just those maintained using certified EHR technology  
 This data was 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 EP 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** 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.

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### Meaningful Use Objectives

Questionnaire: (4 of 10)

(\*) Red asterisk indicates a required field.

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

Measure: \*Please select one of the following:

- More than 50 percent of all permissible prescriptions written by the EP are queried for a drug formulary and transmitted electronically using certified EHR technology.
- OR Alternate Measure:
- More than 40 percent of all permissible prescriptions written by the EP are transmitted electronically using certified EHR technology.

**EXCLUSION:** Any EP who:

- Writes fewer than 100 permissible prescriptions during the EHR reporting period; or
- Does not have a pharmacy within his or her organization and there are no pharmacies that accept electronic prescriptions within 10 miles of the EP's practice location ~~at the time~~ of his or her EHR reporting period.

Exclusion from this requirement does not prevent an EP from achieving meaningful use.

\*Does this exclusion apply to you?

Yes  No

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

- The data was extracted from ALL patient records not just those maintained using certified EHR technology
- This data was 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 using certified EHR technology.

**Denominator** The number of permissible prescriptions written during the EHR reporting period for drugs requiring a prescription in order to be dispensed.

\*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 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 13 – Meaningful Use Objective Questionnaire (4 of 10)

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

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### Meaningful Use Objectives

Questionnaire: (4 of 10)

(\*) Red asterisk indicates a required field.

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

Measure: \*Please select one of the following:

More than 50 percent of all permissible prescriptions written by the EP are queried for a drug formulary and transmitted electronically using certified EHR technology.

**OR Alternate Measure:**

More than 40 percent of all permissible prescriptions written by the EP are transmitted electronically using certified EHR technology.

**EXCLUSION:** Any EP who:

(1) Writes fewer than 100 permissible prescriptions during the EHR reporting period; or

(2) Does not have a pharmacy within his or her organization and there are no pharmacies that accept electronic prescriptions within 10 miles of the EP's practice location at the start of his or her EHR reporting period.

Exclusion from this requirement does not prevent an EP from achieving meaningful use.

\*Does this exclusion apply to you?

Yes  No

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

The data was extracted from ALL patient records not just those maintained using certified EHR technology

This data was extracted from patient records maintained using certified EHR technology.

Complete the following information:

**Numerator** The number of prescriptions in the denominator transmitted electronically using certified EHR technology.

**Denominator** The number of permissible prescriptions written during the EHR reporting period for drugs requiring a prescription in order to be dispensed.

\*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 **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.

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### Meaningful Use Objectives

Questionnaire: (5 of 10)

Tax Identifier:  
NPI: [redacted]  
Program Year: 2016

(\*) Red asterisk indicates a required field.

**Objective:** The EP who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care provides a summary care record for each transition of care or referral.

**Measure:** The EP who transitions or refers his or her patient to another 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.

**ALTERNATE EXCLUSION:** Providers may claim an exclusion for Measure 2 of the Stage 2 Summary of Care objective if for an EHR reporting period in 2015 they were scheduled to demonstrate Stage 1, which does not have an equivalent measure.

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

Yes  No

**EXCLUSION:** Any EP who transfers a patient to another setting or refers a patient to another provider less than 100 times during the EHR reporting period. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

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

Yes  No

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

The data was extracted from ALL patient records not just those maintained using certified EHR technology

This data was 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 EP was the transferring or referring provider.

\*Numerator:  \*Denominator:

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

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## 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.

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### Meaningful Use Objectives

Questionnaire: (6 of 10)

Tax Identifier:  
NPI:  
Program Year: 2016

(\*) 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:** Patient-specific education resources identified by certified EHR technology are provided to patients for more than 10 percent of all unique patients with office visits seen by the EP during the EHR reporting period.

**ALTERNATE EXCLUSION:** Providers may claim an exclusion for the measure of the Stage 2 Patient Specific Education objective if for an EHR reporting period in 2015 they were scheduled to demonstrate Stage 1 but did not intend to select the Stage 1 Patient Specific Education menu objective.

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

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

\*Does this exclusion apply to you?  
 Yes  No

Complete the following information:

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

**Denominator** The number of unique patients with office visits seen by the EP 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

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.

## 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.

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### Meaningful Use Objectives

Questionnaire: (7 of 10)

(\*) Red asterisk indicates a required field.

**Objective:** The EP who receives a patient from another setting of care or provider of care or believes an encounter is relevant performs medication reconciliation.

**Measure:** The EP performs medication reconciliation for more than 50 percent of transitions of care in which the patient is transitioned into the care of the EP.

**ALTERNATE EXCLUSION:** Providers may claim an exclusion for the measure of the Stage 2 Medication Reconciliation objective if for an EHR reporting period in 2015 they were scheduled to demonstrate Stage 1 but did not intend to select the Stage 1 Medication Reconciliation menu objective.

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

Yes  No

**EXCLUSION:** Any EP who was not the recipient of any transitions of care during the EHR reporting period. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

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

Yes  No

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

The data was extracted from ALL patient records not just those maintained using certified EHR technology

This data was 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 EP was the receiving party of the transition.

**\*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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## Step 17 – Meaningful Use Objective Questionnaire (8A of 10)

Read the objective and measure and respond as appropriate.

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### Meaningful Use Objectives

Questionnaire: (8A of 10)

(\*) Red asterisk indicates a required field.

**Objective:** Provide patients the ability to view online, download, and transmit their health information within 4 business days of the information being available to the EP.

**Measure:** More than 50 percent of all unique patients seen by the EP during the EHR reporting period are provided timely access to view online, download, and transmit to a third party their health information subject to the EP's discretion to withhold certain information.

**EXCLUSION: Based on ALL patient records:** Any EP who neither orders nor creates any of the information listed for inclusion as part of the measure except for "Patient name" and "Provider's name and office contact information".

Exclusion from this requirement does not prevent an EP from achieving meaningful use.

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

Yes  No

**Complete the following information:**

**Numerator** The number of patients in the denominator who have access to view online, download, and transmit their health information within 4 business days after the information is available to the EP.

**Denominator** The number of unique patients seen by the EP 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

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.

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### Meaningful Use Objectives

Questionnaire: (8B of 10)

(\*) Red asterisk indicates a required field.

**Objective:** Provide patients the ability to view online, download, and transmit their health information within 4 business days of the information being available to the EP.

**Measure:** At least one patient seen by the EP during the EHR reporting period (or patient-authorized representative) views, downloads, or transmits his or her health information to a third party during the EHR reporting period.

**EXCLUSION: Based on ALL patient records:** Any EP who:  
(1) Neither orders nor creates any of the information listed for inclusion as part of the measures except for "Patient name" and "Provider's name and office contact information"; or  
(2) Conducts 50 percent or more of his or her patient encounters 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 is excluded from this measure.

Exclusion from this requirement does not prevent an EP from achieving meaningful use.

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

Yes  No

**Complete the following information:**

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

**Denominator** The number of unique patients seen by the EP 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

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.

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### Meaningful Use Objectives

**Questionnaire: (9 of 10)**

Tax Identifier:  
NPI:  
Program Year: 2016

(\* Red asterisk indicates a required field.)

**Objective:** Use secure electronic messaging to communicate with patients on relevant health information.

**Measure:** The capability for patients to send and receive a secure electronic message with the EP was fully enabled during the EHR reporting period.

**ALTERNATE EXCLUSION:** An EP may claim an exclusion for the measure if for an EHR reporting period in 2015 they were scheduled to demonstrate Stage 1, which does not have an equivalent measure.

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

Yes  No

**EXCLUSION: Based on ALL patient records:** Any EP who:

(1) Has no office visits during the EHR reporting period; or

(2) Conducts 50 percent or more of his or her patient encounters 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 Federal Communications Commission on the first day of the EP's EHR reporting period.

Exclusion from this requirement does not prevent an EP from achieving meaningful use.

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

Yes  No

**Complete the following information:**

**\*Has the capability for patients to send and receive a secure electronic message been fully enabled for the 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.

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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.

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### Meaningful Use Objectives

**Questionnaire: (10A of 10)**

(\*) Red asterisk indicates a required field.

**Objective:** The EP 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 EP is in active engagement with a public health agency to submit immunization data.

**EXCLUSION:** Any EP meeting one or more of the following criteria may be excluded from the immunization registry reporting measure if the EP:  
 (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 EP at the start of the EHR reporting period.

Exclusion from this requirement does not prevent an EP 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

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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# ATTESTATION USER GUIDE FOR ELIGIBLE PROFESSIONALS

## 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.

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### Meaningful Use Objectives

Questionnaire: (10B of 10)  
(\*) Red asterisk indicates a required field.

Tax Identifier:  
NPI:  
Program Year: 2016

**Objective:** The EP 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 EP is in active engagement with a public health agency to submit syndromic surveillance data.

**ALTERNATE EXCLUSION:** Providers may claim an alternate exclusion for measure 2 (syndromic surveillance 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 up to two measures, then the provider must either attest to or meet the exclusion requirements for the remaining measure described in 495.22 (e)(10)(i)(C).

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

Yes  No

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

- (1) Is not in a category of providers from which ambulatory syndromic surveillance data is collected by their jurisdiction's syndromic surveillance system;
- (2) Operates in a jurisdiction for which no public health agency is capable of receiving electronic syndromic surveillance data from EPs 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 EPs at the start of the EHR reporting period.

Exclusion from this requirement does not prevent an EP 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

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

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# ATTESTATION USER GUIDE FOR ELIGIBLE PROFESSIONALS

## 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 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**.

The screenshot displays the Medicare & Medicaid EHR Incentive Program Registration and Attestation System interface. The main content area is titled "Meaningful Use Objectives" and shows a "Questionnaire: (10C of 10)". A yellow box in the top right corner displays the user's "Tax Identifier: NPI: Program Year: 2016". The questionnaire includes an objective, a measure, and an alternate exclusion section. Two questions are highlighted with red arrows pointing to the "No" radio button options: "Do you want to claim this alternate exclusion?" and "Does this exclusion apply to you?". At the bottom of the page, the "Save & Continue" button is circled in red. The footer contains navigation links for "Previous", "Return to Attestation Progress", and "Save & Continue", along with a CMS logo and various utility links.

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## 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.

**Meaningful Use Objectives**

Instructions: You must attest to all ten Meaningful Use Objectives.  
To meet meaningful use for the Public Health Reporting Objective in 2016:  
You are required to select and attest to at least two measures from Public Health Reporting Measures 1-3 (Immunization Registry Reporting, Syndromic Surveillance Reporting, Specialized Registry Reporting).

- You may claim an Alternate Exclusion for the Public Health Reporting Measures: Syndromic Surveillance Reporting and Specialized Registry Reporting.
- Specialized Registry Reporting measure allows multiple responses for an additional registry.
- 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(s).

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 who can enter orders into the medical record per state, local, and professional guidelines.	Required
Generate and transmit permissible prescriptions electronically (eRx).	Required
The EP who transfers their patient to another setting of care or provider of care or refers their patient to another provider of care provides a summary of 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 EP who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation.	Required
Provide patients the ability to view online, download, and transmit their health information within 4 business days of the information being available to the EP.	Required
Use secure electronic messaging to communicate with patients on relevant health information.	Required

Public Health Reporting Objective	Measures	Select
The EP is in active engagement with a public health agency to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.	Immunization Registry Reporting: The EP is in active engagement with a public health agency to submit immunization data.	<input checked="" type="checkbox"/>
	Syndromic Surveillance Reporting: The EP is in active engagement with a public health agency to submit syndromic surveillance data.	<input checked="" type="checkbox"/>
	Specialized Registry Reporting (I): The EP is in active engagement to submit data to a specialized registry.	<input checked="" type="checkbox"/>
	Specialized Registry Reporting (II): The EP is in active engagement to submit data to a second specialized registry.	<input type="checkbox"/>

Choose 2 of the 3 public health measure options.

## 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.

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### Meaningful Use Objectives

**Questionnaire: (1 of 10)**

(\*) 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 by 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 EP'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 EP's risk management process?

Yes  No

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## 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.

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### Meaningful Use Objectives

**Questionnaire: (2A of 10)**

(\*) 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 EP'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 interventions related to four or more CQMs at a relevant point in patient care for the entire EHR reporting period?

Yes  No

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## 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 9 –

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

Read the objective and measure and respond as appropriate.

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### Meaningful Use Objectives

**Questionnaire: (2B of 10)**

(\*) 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.

**EXCLUSION:** Any EP who writes fewer than 100 medication orders during the EHR reporting period.

Exclusion from this requirement does not prevent an EP from achieving meaningful use.

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

Yes  No

**Complete the following information:**

**\*Have you enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period?**

Yes  No

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## 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.

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## Step 10 – Meaningful Use Objective Questionnaire (3A of 10)

Read the objective and measure and respond as appropriate.

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### Meaningful Use Objectives

Questionnaire: (3A of 10)

(\*) Red asterisk indicates a required field.

**Tax Identifier:**  
NPI:  
Program Year: 2016

**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 EP during the EHR reporting period are recorded using computerized provider order entry.

**EXCLUSION:** Any EP who writes fewer than 100 medication orders during the EHR reporting period.  
Exclusion from this requirement does not prevent an EP from achieving meaningful use.

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

Yes  No

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

The data was extracted from ALL patient records not just those maintained using certified EHR technology

This data was 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 EP during the EHR reporting period.

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

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## 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.

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### Meaningful Use Objectives

Questionnaire: (3B of 10)

(\*) 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 EP during the EHR reporting period are recorded using computerized provider order entry.

**EXCLUSION:** Any EP who writes fewer than 100 laboratory orders during the EHR reporting period.  
Exclusion from this requirement does not prevent an EP from achieving meaningful use.

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

Yes  No

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

The data was extracted from ALL patient records not just those maintained using certified EHR technology

This data was 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 EP during the EHR reporting period.

\*Numerator:  \*Denominator:

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## 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.

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### Meaningful Use Objectives

**Questionnaire: (3C of 10)**

Tax Identifier:  
NPI:  
Program Year: 2016

(\*) 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 radiology orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.

**EXCLUSION:** Any EP who writes fewer than 100 radiology orders during the EHR reporting period.

Exclusion from this requirement does not prevent an EP from achieving meaningful use.

\*Does this exclusion apply to you?

Yes  No

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

The data was extracted from ALL patient records not just those maintained using certified EHR technology

This data was 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 EP during the EHR reporting period.

\*Numerator:  \*Denominator:

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## 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.

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### Meaningful Use Objectives

Questionnaire: (4 of 10)

(\*) Red asterisk indicates a required field.

**Tax Identifier:**  
NPI:  
Program Year: 2016

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

**Measure:** More than 50 percent of permissible prescriptions written by the EP are queried for a drug formulary and transmitted electronically using certified EHR technology.

**EXCLUSION:** Any EP who:

(1) Writes fewer than 100 permissible prescriptions during the EHR reporting period; or

(2) Does not have a pharmacy within his or her organization and there are no pharmacies that accept electronic prescriptions within 10 miles of the EP's practice location at the start of his or her EHR reporting period.

Exclusion from this requirement does not prevent an EP from achieving meaningful use.

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

Yes  No

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

The data was extracted from ALL patient records not just those maintained using certified EHR technology

This data was 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 using certified EHR technology.

**Denominator** The number of permissible prescriptions written during the EHR reporting period for drugs requiring a prescription in order to be dispensed.

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

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## TIPS

*Numerator and Denominator must be whole numbers.*

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

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## Step 14 – Meaningful Use Objective Questionnaire (5 of 10)

Read the objective and measure and respond as appropriate.

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### Meaningful Use Objectives

Questionnaire: (5 of 10)

Tax Identifier:  
NPI:  
Program Year: 2016

(\*) Red asterisk indicates a required field.

**Objective:** The EP who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care provides a summary of care record for each transition of care or referral.

**Measure:** The EP who transitions or refers his or her 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.

**EXCLUSION:** Any EP who transfers a patient to another setting or refers a patient to another provider less than 100 times during the EHR reporting period.  
Exclusion from this requirement does not prevent an EP from achieving meaningful use.

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

Yes  No

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

The data was extracted from ALL patient records not just those maintained using certified EHR technology

This data was 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 EP was the transferring or referring provider.

\*Numerator:  \*Denominator:

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## 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.

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### Meaningful Use Objectives

**Questionnaire: (6 of 10)**

(\*) 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:** Patient-specific education resources identified by certified EHR technology are provided to patients for more than 10 percent of all unique patients with office visits seen by the EP during the EHR reporting period.

**EXCLUSION: Based on ALL patient records:** Any EP who has no office visits during the reporting period.

Exclusion from this requirement does not prevent an EP from achieving meaningful use.

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

Yes  No

**Complete the following information:**

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

**Denominator** The number of unique patients with office visits seen by the EP during the EHR reporting period.

\*Numerator:  \*Denominator:

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## 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.

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### Meaningful Use Objectives

Questionnaire: (7 of 10)

(\*) Red asterisk indicates a required field.

**Objective:** The EP who receives a patient from another setting of care or provider of care or believes an encounter is relevant performs medication reconciliation.

**Measure:** The EP performs medication reconciliation for more than 50 percent of transitions of care in which the patient is transitioned into the care of the EP.

**EXCLUSION:** Any EP who was not the recipient of any transitions of care during the EHR reporting period.

Exclusion from this requirement does not prevent an EP from achieving meaningful use.

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

Yes  No

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

The data was extracted from ALL patient records not just those maintained using certified EHR technology

This data was 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 EP was the receiving party of the transition.

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

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## TIPS

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

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

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## Step 17 – Meaningful Use Objective Questionnaire (8A of 10)

Read the objective and measure and respond as appropriate.

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### Meaningful Use Objectives

Questionnaire: (8A of 10)

(\*) Red asterisk indicates a required field.

**Objective:** Provide patients the ability to view online, download, and transmit their health information within 4 business days of the information being available to the EP.

**Measure:** More than 50 percent of all unique patients seen by the EP during the EHR reporting period are provided timely access to view online, download, and transmit to a third party their health information subject to the EP's discretion to withhold certain information.

**EXCLUSION: Based on ALL patient records:** Any EP who neither orders nor creates any of the information listed for inclusion as part of the measure except for "Patient name" and "Provider's name and office contact information".

Exclusion from this requirement does not prevent an EP from achieving meaningful use.

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

Yes  No

**Complete the following information:**

**Numerator** The number of patients in the denominator who have access to view online, download and transmit their health information within 4 business days after the information is available to the EP.

**Denominator** The number of unique patients seen by the EP during the EHR reporting period.

\* Numerator:  \* Denominator:

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

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## 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.

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### Meaningful Use Objectives

**Questionnaire: (8B of 10)**

(\*) Red asterisk indicates a required field.

**Objective:** Provide patients the ability to view online, download, and transmit their health information within 4 business days of the information being available to the EP.

**Measure:** At least one patient seen by the EP during the EHR reporting period (or patient-authorized representative) views, downloads or transmits his or her health information to a third party during the EHR reporting period.

**EXCLUSION: Based on ALL patient records:** Any EP who:  
(1) Neither orders nor creates any of the information listed for inclusion as part of the measures except for "Patient name" and "Provider's name and office contact information"; or  
(2) Conducts 50 percent or more of his or her patient encounters 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 is excluded from this measure.

Exclusion from this requirement does not prevent an EP from achieving meaningful use.

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

Yes  No

**Complete the following information:**

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

**Denominator** The number of unique patients seen by the EP during the EHR reporting period.

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

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## 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.

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### Meaningful Use Objectives

**Questionnaire: (9 of 10)**

(\*) Red asterisk indicates a required field.

**Objective:** Use secure electronic messaging to communicate with patients on relevant health information.

**Measure:** The capability for patients to send and receive a secure electronic message with the EP was fully enabled during the EHR reporting period.

**EXCLUSION: Based on ALL patient records:** Any EP who:

(1) Has no office visits during the EHR reporting period; or

(2) Conducts 50 percent or more of his or her patient encounters 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 Federal Communications Commission on the first day of the EP's EHR reporting period.

Exclusion from this requirement does not prevent an EP from achieving meaningful use.

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

Yes  No

**Complete the following information:**

**\*Has the capability for patients to send and receive a secure electronic message been fully enabled for the 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**

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### 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.

Medicare & Medicaid EHR Incentive Program  
Registration and Attestation System

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### Meaningful Use Objectives

Questionnaire: (10A of 10)

(\*) Red asterisk indicates a required field.

**Objective:** The EP is in active engagement with a public health agency to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.

**Measure:** Immunization Registry Reporting: The EP is in active engagement with a public health agency to submit immunization data.

**EXCLUSION:** Any EP meeting one or more of the following criteria may be excluded from the immunization registry reporting measure if the EP:  
(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 EP at the start of the EHR reporting period.

Exclusion from this requirement does not prevent an EP 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

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**

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## Step 21 –

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

Read the objective and measure and respond as appropriate.

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Registration and Attestation System

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### Meaningful Use Objectives

Questionnaire: (10B of 10)

(\*) Red asterisk indicates a required field.

**Objective:** The EP is in active engagement with a public health agency to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.

**Measure:** Syndromic Surveillance Reporting: The EP is in active engagement with a public health agency to submit syndromic surveillance data.

**ALTERNATE EXCLUSION:** Providers may claim an alternate exclusion for measure 2 (syndromic surveillance 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 up to two measures, then the provider must either attest to or meet the exclusion requirements for the remaining measure described in 495.22 (e)(10)(i)(C).

\*Do you want to claim this alternate exclusion?

Yes  No

**EXCLUSION:** Any EP meeting one or more of the following criteria may be excluded from the syndromic surveillance reporting measure if the EP:  
(1) Is not in a category of providers from which ambulatory syndromic surveillance data is collected by their jurisdiction's syndromic surveillance system;  
(2) Operates in a jurisdiction for which no public health agency is capable of receiving electronic syndromic surveillance data from EPs 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 EPs at the start of the EHR reporting period.

Exclusion from this requirement does not prevent an EP 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 a public health agency 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**

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## 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.

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### Meaningful Use Objectives

Questionnaire: (10C of 10)  
(\*) Red asterisk indicates a required field.

Tax Identifier:  
NPI:  
Program Year: 2016

Objective: The EP is in active engagement with a public health agency to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.

Measure: **Specialized Registry Reporting (1)**: The EP 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 up to two measures, then the provider must either attest to or meet the exclusion requirements for the remaining measure described in 495.22 (e)(10)(i)(C).

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

**EXCLUSION:** Any EP meeting one or more of the following criteria may be excluded from the specialized registry reporting measure if the EP:  
(1) Does not diagnose or treat any diseases or conditions associated with, or collect relevant data that is collected 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 receiving 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 EP 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 EP from achieving meaningful use.

\*Does this exclusion apply to you?  
 Yes  No

Complete the following information:  
\*Have you had active engagement with specialized registries, which may include 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](#)

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**

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## 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.

Note: EPs 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 23 – Clinical quality measures (CQM) – Reporting Clinical Quality Measures

The screenshot shows the Medicare & Medicaid EHR Incentive Program Registration and Attestation System. The user is logged in, as indicated by the 'Welcome' message and the 'My Account', 'Log Out', and 'Help' links. The navigation menu includes 'Home', 'Registration', 'Attestation', and 'Status'. The 'Attestation' tab is selected, leading to the 'Clinical Quality Measures' section. The main heading is 'Reporting Clinical Quality Measures'. Below this, there is a prompt: 'Please select one of the options below to indicate how you would like to submit your clinical quality measure data:'. Two options are provided: Option 1 (eReporting) and Option 2 (attestation). The 'Save & Continue' button is circled in red. A yellow box on the right side of the page contains fields for 'Tax Identifier:', 'NPI:', and 'Program Year:'. At the bottom of the page, there are three buttons: 'Previous', 'Return to Attestation Progress', and 'Save & Continue'.

### 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.

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.

The screenshot shows the Medicare & Medicaid EHR Incentive Program Registration and Attestation System. The user is logged in, and the 'Attestation' tab is selected. The main heading is 'Clinical Quality Measures'. A yellow box displays the user's Tax Identifier, NPI, and Program Year (2016). Below this, instructions state that a minimum of 9 CQMs must be selected, with at least 3 from 6 HHS National Quality Strategy domains. A 'Deselect All' button is present. The CQMs are organized into six categories: Patient and Family Engagement, Patient Safety, Care Coordination, and Population/Public Health. Each CQM is listed with its ID Number, Versions, Title, and a Selection checkbox.

Patient and Family Engagement			
ID Number	Versions	Title	Selection
CMS157/ NQF0384	CMS157v1/ CMS157v2/ CMS157v3	Oncology: Medical and Radiation - Pain Intensity Quantified	<input type="checkbox"/>
CMS66	CMS66v1/ CMS66v2/ CMS66v3	Functional Status Assessment for Knee Replacement	<input checked="" type="checkbox"/>
CMS56	CMS56v1/ CMS56v2/ CMS56v3	Functional Status Assessment for Hip Replacement	<input type="checkbox"/>
CMS90	CMS90v2/ CMS90v3/ CMS90v4	Functional Status Assessment for Complex Chronic Conditions (Recommended - Adult)	<input type="checkbox"/>
Patient Safety			
ID Number	Versions	Title	Selection
CMS156/ NQF0022	CMS156v1/ CMS156v2/ CMS156v3	Use of High-Risk Medications in the Elderly (Recommended - Adult)	<input type="checkbox"/>
CMS139/ NQF0101	CMS139v1/ CMS139v2/ CMS139v3	Falls: Screening for Future Fall Risk	<input checked="" type="checkbox"/>
CMS68/ NQF0419	CMS68v2/ CMS68v3/ CMS68v4	Documentation of Current Medications in the Medical Record (Recommended - Adult)	<input type="checkbox"/>
CMS132/ NQF0564	CMS132v1/ CMS132v2/ CMS132v3	Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures	<input type="checkbox"/>
CMS177/ NQF1365	CMS177v1/ CMS177v2/ CMS177v3	Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment	<input checked="" type="checkbox"/>
CMS179	CMS179v1/ CMS179v2/ CMS179v3	ADE Prevention and Monitoring: Warfarin Time in Therapeutic Range	<input type="checkbox"/>
Care Coordination			
ID Number	Versions	Title	Selection
CMS50	CMS50v1/ CMS50v2/ CMS50v3	Closing the Referral Loop: Receipt of Specialist Report (Recommended - Adult)	<input checked="" type="checkbox"/>
Population/Public Health			
ID Number	Versions	Title	Selection
CMS155/ NQF0024	CMS155v1/ CMS155v2/ CMS155v3	Weight Assessment and Counseling for Nutrition and Physical Activity for	<input type="checkbox"/>

## 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**

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### Clinical Quality Measures

**Questionnaire: (1 of 9)**

(\*) Red asterisk indicates a required field.

**Tax Identifier:**  
**NPI:**  
**Program Year:** 2016

**Measure:** CMS66

**Versions:** CMS66v1/CMS66v2/CMS66v3

**Title:** Functional Status Assessment for Knee Replacement

**Description:** Percentage of patients aged 18 years and older with primary total knee arthroplasty (TKA) who completed baseline and follow-up (patient-reported) functional status assessments.

**Denominator:** Adults aged 18 and older who had a primary total knee arthroplasty (TKA) within the 12 month period that begins 180 days before the start of the measurement period and ends 185 days after the start of the measurement period and who had an outpatient encounter not more than 180 days prior to the procedure, and at least 60 days and not more than 180 days after the TKA procedure.

**Numerator:** Patients with patient reported functional status assessment results (e.g., VR-12, VR-36, PROMIS-10 Global Health, PROMIS-29, KOOS) not more than 180 days prior to the primary TKA procedure, and at least 60 days and not more than 180 days after TKA procedure.

Complete the following information:

<b>*Denominator:</b>	<b>*Numerator:</b>	<b>*Performance Rate:</b>	<b>*Exclusion:</b>
<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.

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### 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)

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### Clinical Quality Measures

Questionnaire: (2 of 9)

(\*) Red asterisk indicates a required field.

**Measure:** CMS139/NQF0101

**Versions:** CMS139v1/CMS139v2/CMS139v3

**Title:** Falls: Screening for Future Fall Risk

**Description:** Percentage of patients 65 years of age and older who were screened for future fall risk during the measurement period.

**Denominator:** Patients aged 65 years and older with a visit during the measurement period.

**Numerator:** Patients who were screened for future fall risk at least once within the measurement period.

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.

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## 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)

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### Clinical Quality Measures

**Questionnaire: (3 of 9)**

(\*) Red asterisk indicates a required field.

**Measure:** CMS177/NQF1365

**Versions:** CMS177v1/CMS177v2/CMS177v3

**Title:** Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment

**Description:** Percentage of patient visits for those patients aged 6 through 17 years with a diagnosis of major depressive disorder with an assessment for suicide risk.

**Denominator:** All patient visits for those patients aged 6 through 17 years with a diagnosis of major depressive disorder.

**Numerator:** Patient visits with an assessment for suicide risk.

Complete the following information:

\*Denominator: \*Numerator: \*Performance Rate:  %

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.

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## STEPS

Enter Clinical Quality Measure 3 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 28 – Clinical quality measures (CQM) Questionnaire (4 of 9)

Medicare & Medicaid EHR Incentive Program  
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### Clinical Quality Measures

**Questionnaire: (4 of 9)**

(\*) Red asterisk indicates a required field.

**Measure:** CMS50

**Versions:** CMS50v1/CMS50v2/CMS50v3

**Title:** Closing the Referral Loop: Receipt of Specialist Report

**Description:** Percentage of patients with referrals, regardless of age, for which the referring provider receives a report from the provider to whom the patient was referred.

**Denominator:** Number of patients, regardless of age, who were referred by one provider to another provider, and who had a visit during the measurement period.

**Numerator:** Number of patients with a referral, for which the referring provider received a report from the provider to whom the patient was referred.

Complete the following information:

*Denominator:	*Numerator:	*Performance Rate:
<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.

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## STEPS

Enter Clinical Quality Measure 4 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 29 – Clinical quality measures (CQM) Questionnaire (5 of 9)



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### Clinical Quality Measures

#### Questionnaire: (5 of 9)

(\*) Red asterisk indicates a required field.

**Measure:** CMS138/NQF0028

**Versions:** CMS138v1/CMS138v2/CMS138v3

**Title:** Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention

**Description:** Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user.

**Denominator:** All patients aged 18 years and older seen for at least two visits or at least one preventive visit during the measurement period.

**Numerator:** Patients who were screened for tobacco use at least once within 24 months AND who received tobacco cessation counseling intervention if identified as a tobacco user.

Complete the following information:

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

Tax Identifier:  
NPI:  
Program Year: 2016

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.

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### TIP

For information on the CQM eReporting, click on the [Clinical Quality Measure Specification Page](#)

## STEPS

Enter Clinical Quality Measure 5 of 9.

Enter the Denominator, Numerator, Performance Rates and Exception

Click on **Save & Continue**

## Step 30 – Clinical quality measures (CQM) Questionnaire (6 of 9)



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### Clinical Quality Measures

#### Questionnaire: (6 of 9)

(\*) Red asterisk indicates a required field.

**Measure:** CMS82/NQF1401

**Versions:** CMS82v1/CMS82v2

**Title:** Maternal Depression Screening

**Description:** The percentage of children who turned 6 months of age during the measurement year, who had a face-to-face visit between the clinician and the child during the child's first 6 months, and who had a maternal depression screening for the mother at least once between 0 and 6 months of life.

**Denominator:** Children with a visit who turned 6 months of age in the measurement period.

**Numerator:** Children with documentation of maternal screening or treatment for postpartum depression for the mother.

Complete the following information:

\*Denominator: \*Numerator: \*Performance Rate:  
   %



Tax Identifier:  
NPI:  
Program Year: 2016

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.

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### TIP

For information on the CQM eReporting, click on the [Clinical Quality Measure Specification Page](#)

## STEPS

Enter Clinical Quality Measure 6 of 9.

Enter the Denominator, Numerator and Performance Rates

Click on **Save & Continue**

## Step 3 I – Clinical quality measures (CQM) Questionnaire (7 of 9)

The screenshot shows the Medicare & Medicaid EHR Incentive Program Registration and Attestation System interface. At the top, there is a navigation bar with 'Home', 'Registration', 'Attestation' (selected), and 'Status' tabs. A 'Welcome' message is displayed. The main heading is 'Clinical Quality Measures'. The current step is 'Questionnaire: (7 of 9)'. A note states: '(\*) Red asterisk indicates a required field.' The questionnaire details for Measure CMS154/NQF0069 are shown, including versions, title, and description. The denominator and numerator definitions are provided. Below this, a form requires input for Denominator, Numerator, Performance Rate (with a percentage sign), and Exclusion. A red arrow points to the Exclusion field. At the bottom, there are buttons for 'Previous', 'Return to Attestation Progress', and 'Save & Continue' (circled in red). A photograph of three healthcare professionals is visible on the right side of the form area.

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### Clinical Quality Measures

Questionnaire: (7 of 9)

(\*) Red asterisk indicates a required field.

**Measure:** CMS154/NQF0069

**Versions:** CMS154v1/CMS154v2/CMS154v3

**Title:** Appropriate Treatment for Children with Upper Respiratory Infection (URI)

**Description:** Percentage of children 3 months-18 years of age who were diagnosed with upper respiratory infection (URI) and were not dispensed an antibiotic prescription on or three days after the episode.

**Denominator:** Children age 3 months to 18 years who had an outpatient or emergency department (ED) visit with a diagnosis of upper respiratory infection (URI) during the measurement period.

**Numerator:** Children without a prescription for antibiotic medication on or 3 days after the outpatient or ED visit for an upper respiratory infection.

Complete the following information:

\*Denominator: \*Numerator: \*Performance Rate: \*Exclusion:

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.

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## STEPS

Enter Clinical Quality Measure 7 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 32 – Clinical quality measures (CQM) Questionnaire (8 of 9)

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### 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:
<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](#)

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

## STEPS

Enter Clinical Quality Measure 8 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 33 – Clinical quality measures (CQM) Questionnaire (9 of 9)

The screenshot shows the Medicare & Medicaid EHR Incentive Program Registration and Attestation System interface. At the top left is the EHR Incentive Program logo. The main header reads "Medicare & Medicaid EHR Incentive Program Registration and Attestation System". A "Welcome" box is visible. Navigation tabs include Home, Registration, Attestation (selected), and Status. The main content area is titled "Clinical Quality Measures" and displays "Questionnaire: (9 of 9)". A note states: "(\*) Red asterisk indicates a required field." A yellow box on the right shows "Tax Identifier: NPI: Program Year: 2016". The measure details are: Measure: CMS65; Versions: CMS65v2/CMS65v3/CMS65v4; Title: Hypertension: Improvement in Blood Pressure; Description: Percentage of patients aged 18-85 years of age with a diagnosis of hypertension whose blood pressure improved during the measurement period. Denominator: All patients aged 18-85 years of age, who had at least one outpatient visit in the first six months of the measurement year, who have a diagnosis of essential hypertension documented during that outpatient visit, and who have uncontrolled baseline blood pressure at the time of that visit. Numerator: Patients whose follow-up blood pressure is at least 10 mmHg less than their baseline blood pressure or is adequately controlled. If a follow-up blood pressure reading is not recorded during the measurement year, the patient's blood pressure is assumed "not improved." Below this, it says "Complete the following information:" followed by a row of four input fields: "\*Denominator:", "\*Numerator:", "\*Performance Rate:" (with a % sign), and "\*Exclusion:". A red arrow points to the "\*Exclusion:" field. At the bottom, there are three buttons: "Previous", "Return to Attestation Progress", and "Save & Continue" (circled in red). A photo of three healthcare professionals is on the right. The footer contains links for "Web Policies & Important Links", "Department of Health & Human Services", "CMS.gov", "Accessibility", and "File Formats and Plugins", along with the CMS logo.

### STEPS

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

**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 a Medicare Eligible Professional modifying an attestation for the EHR Incentive Program.

**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	Completed

**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

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

The screenshot displays the Medicare & Medicaid EHR Incentive Program Registration and Attestation System interface. At the top, there is a navigation bar with 'Home', 'Registration', 'Attestation', and 'Status' tabs. The 'Attestation' tab is selected. Below the navigation bar, the page title is 'Submission Process: Attestation Statements'. The main content area is titled 'Attestation Statements' and contains the following text: 'You are about to submit your attestation for EHR Certification Number A014E01F55PSEAD. Please check the box next to each statement below to attest, then select the AGREE button to complete your attestation:'. There are two statements, each with a checkbox: 'The information submitted accurately reflects the output of the certified EHR technology.' and 'The information submitted for CQMs was generated as output from an identified certified EHR technology.'. The 'Agree' button is circled in red. To the right of the statements, there is a yellow box containing the user's account information: 'Tax Identifier:', 'NPI:', and 'Program Year:'. At the bottom of the page, 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 visible.

## 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

**Medicare & Medicaid EHR Incentive Program  
Registration and Attestation System**

My Account | Log Out | Help

Welcome Your Name

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 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 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.

Your Name  
Tax Identifier:  
NPI:  
Program Year:

## STEPS

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

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



### TIPS

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

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)

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

- Passed Attestation:** The EP 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:
  - Name:
  - TIN:
  - NPI:
  - EHR Certification Number: A014E01FUNTZEA1
  - EHR Reporting Period: 01/01/2016 - 03/31/2016
  - Attestation Submission Date: 06/07/2016
  - Reason for Attestation: You are a Medicare Eligible Professional completing an attestation for the EHR Incentive Program.

At the bottom of the receipt, there are two buttons: 'Print Receipt' and 'Review Results'. A yellow box on the right side of the receipt displays the following information:

- Tax Identifier:
- NPI:
- Program Year:

A photograph of three healthcare professionals in white coats is visible in the bottom right corner of the receipt area.

## 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)

**Medicare & Medicaid EHR Incentive Program  
Registration and Attestation System**

My Account | Log Out | Help

Welcome

Home | Registration | **Attestation** | Status

### Submission Receipt

**Passed Attestation**

The EP 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:**

**Name:**

**TIN:**

**NPI:**

**EHR Certification Number:** A014E01FUNTZEA1

**EHR Reporting Period:** 01/01/2016 - 03/31/2016

**Attestation Submission Date:** 06/07/2016

**Reason for Attestation:** You are a Medicare Eligible Professional 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**

**Tax Identifier:**  
**NPI:**  
**Program Year:**

## 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.

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 'Attestation Submitted: 12/17/2015' and 'Confirmation Number: 1000045433'. A table lists various objectives and measures. The 'Rejected' status in the table is circled in red.

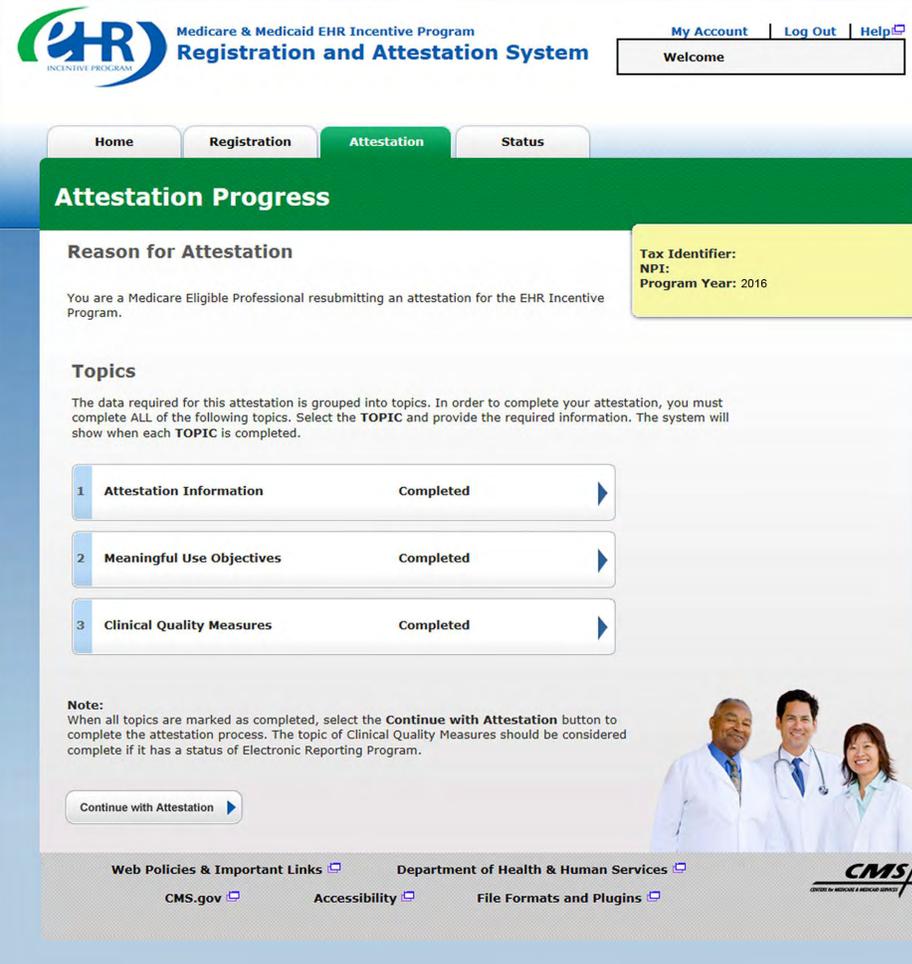
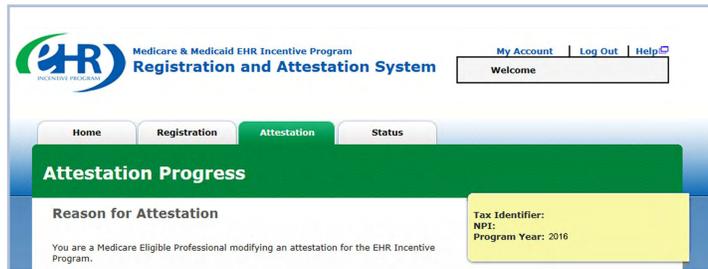
Objective	Measure	Reason	Entered	Accepted / Rejected
Protect electronic protected health information (ePHI) created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities.	Conduct or review a security risk analysis in accordance with the requirements under 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of ePHI created or maintained by certified EHR technology in accordance with requirements under 45 CFR 164.312 (a)(2)(iv) and 45 CFR 164.306(d)(3), and implement	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 EP'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, local, and professional guidelines.	More than 60 percent of medication orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.	This measure meets minimum standard.	96.00%	Accepted



### TIP

Print the Summary of Measures page for your future reference

## Step 40 – Medicare Attestation – Resubmission



## STEPS

.....  
Select **Resubmit** under the Action column

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

The reporting period for eligible professionals must fall within the calendar year.



### TIPS

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

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

## Step 4I – Topics for Attestation – Resubmission

Medicare & Medicaid EHR Incentive Program  
Registration and Attestation System

My Account | Log Out | Help

Welcome

Home | Registration | **Attestation** | Status

### Attestation Summary

Please select the desired measure link below to review the details of your attestation. This is your last chance to view/edit the information you have entered before you attest. Please review your information as you will be unable to edit your information after you attest.

Tax Identifier:  
NPI:  
Program Year: 2016

- 1 Attestation Information
- 2 Meaningful Use Objectives
- 3 Clinical Quality Measures

View Summary Information as PDF

Please select the **Previous** button to go back, or the **Continue with Attestation** button to skip viewing the summary and proceed with the attestation submission process.

Previous | 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 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

Medicare & Medicaid EHR Incentive Program  
Registration and Attestation System

My Account | Log Out | Help  
Welcome

Home | Registration | **Attestation** | Status

### Submission Process: Attestation Statements

#### Attestation Statements

You are about to submit your attestation for EHR Certification Number **A014E01FSSPSEAD**.

Please check the box next to each statement below to attest, then select the **AGREE** button to complete your attestation:

- The information submitted accurately reflects the output of the certified EHR technology.
- The information submitted for CQMs was generated as output from an identified certified EHR technology.
- I have **NOT** knowingly and willfully taken action to limit or restrict the compatibility or interoperability of the certified EHR technology.

Please select the **Agree** button to proceed with the attestation submission process, or the **Disagree** button to go to the Home Page (your attestation will not be submitted).

Agree | Disagree

Web Policies | CMS

Medicare & Medicaid EHR Incentive Program  
Registration and Attestation System

My Account | Log Out | Help  
Welcome

Home | Registration | **Attestation** | Status

### Submission Process: Attestation Statements

#### Attestation Statements

You are about to submit your attestation for EHR Certification Number **A014E01FUNTZEAL**.

Please check the box next to each statement below to attest, then select the **AGREE** button to complete your attestation:

- The information submitted accurately reflects the output of the certified EHR technology.
- The information submitted for CQMs was generated as output from an identified certified EHR technology.
- I have **NOT** knowingly and willfully taken action to limit or restrict the compatibility or interoperability of the certified EHR technology.
- I certify that I am ineligible to meet Meaningful Use under the Medicaid program and I am attesting to avoid a payment adjustment under the Medicare program. In addition, I am aware that 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 **Agree** button to proceed with the attestation submission process, or the **Disagree** button to go to the Home Page (your attestation will not be submitted).

Agree | Disagree

## 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

**Medicare & Medicaid EHR Incentive Program Registration and Attestation System**

My Account | Log Out | Help

Welcome Your Name

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 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 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 attestation form is completed and accepted as required by existing regulations (42 CFR 495.10).

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

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

**DISCLOSURES:** This program is an incentives program. Therefore submission of information for this program is voluntary, failure to furnish necessary information will result in delay in an incentive payment result in denial of a Medicare EHR Incentive Program payment. Failure to furnish subsequently requested information or documents to support 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 the Medicare EHR Incentive Program. The Patient Protection and Affordable Care Act, Section 6402, Section 1128j, provides penalties for willful failure to provide this information.

Agree | Disagree

**Medicare Attestation Instructions**

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

For information on the meaningful use requirements for attestation, please visit the [Meaningful Use Information page](#).

Depending on the current status of your Medicare attestation, please select one of the following actions:

<b>Attest</b>	Begin Medicare attestation to meaningful use of EHR technology
<b>Modify</b>	Modify a previously started Medicare attestation that has not yet been submitted
<b>Cancel</b>	Inactivate a Medicare attestation prior to receiving an EHR incentive payment
<b>Resubmit</b>	Resubmit a failed or rejected Medicare attestation
<b>Reactivate</b>	Reactivate a canceled Medicare attestation
<b>View</b>	Review the Medicare attestation summary of measures after submission
<b>Not Available</b>	In order to begin, modify, cancel, resubmit, or reactivate a Medicare Attestation record, the EHR Incentive Program Registration associated to the Medicare Attestation record must have a Medicare Registration Status of "Active". Please verify that the registration is in the correct status.

**Medicare Attestation Selection**

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

Name	Tax Identifier	National Provider Identifier (NPI)	Medicare Attestation Status	Program Year	Payment Year	Action
John Doe, MD						Attest

## STEPS

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

Click **Attest**



### TIP

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

## Step 44 – Review Status Information

The screenshot shows the 'Status Information' page of the Medicare & Medicaid EHR Incentive Program Registration and Attestation System. The page includes a navigation menu with 'Home', 'Registration', 'Attestation', and 'Status' (highlighted). A 'Welcome' message is displayed in the top right. The main content area features a green header for 'Status Information' and a list of recent events. A yellow box highlights key status information: Tax Identifier, NPI, Registration Status (Medicare: Active), and Attestation Status (Passed). Below this, there are tabs for 'Registration Information', 'Attestation Information', and 'Payment Information'. The 'Registration Information' tab is active, showing a table with one row for 'MEDICARE' with a status of 'Active' and a reason of 'Successfully registered in the EHR Incentive Program'. Further down, registration details like ID, name, TIN, NPI, and certification number are listed, along with business address and contact information. At the bottom, there are 'Previous' and 'View PDF' buttons.

**My Account | Log Out | Help**  
Welcome

**Home | Registration | Attestation | Status**

### Status Information

The following outlines the most recent events associated with your participation in the EHR Incentive Program.

- Your MEDICARE EHR Incentive Program registration was successfully submitted on 04/06/2016.
- Your MEDICARE EHR Incentive Program attestation was successfully submitted on 06/07/2016 for Calendar year 2016.

For additional information on your registration, attestation(s), and payment(s), please select the appropriate tab.

**Tax Identifier:**  
**NPI:**  
**Registration Status:** Medicare: Active  
**Attestation Status:** Passed

Registration Information | Attestation Information | Payment Information

Your MEDICARE EHR Incentive Program registration was originally created on 04/06/2016. Your MEDICARE registration was last updated on 06/07/2016.

Incentive Type	Registration Status	Status Reason	Explanation
MEDICARE	Medicare: Active	Medicare - Successfully registered in the EHR Incentive Program	

**Registration ID:**  
**Payee Name:**  
**Payee TIN:**  
**Payee NPI:**  
**EHR Certification Indicator:** Yes  
**EHR Certification Number:** A014E01FUNTZEA1  
**Eligible Professional Type :** Doctor of Medicine or Osteopathy

**Business Address:**  
**Phone #:**  
**Ext:**  
**E-Mail:**  
**Contractor ID:**  
**FI/Carrier/MAC:**

**Current Hospital Based Status**  
**Deemed Hospital Based in 2015:** No  
**Hospital Based Percentage in 2015:** 0%

Please select the **Previous** button to return to the Status Selection Page and the **View PDF** button to view the contents of this page as a PDF.

**Previous | View PDF**

## 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: [EUSupport@cgi.com](mailto:EUSupport@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

CCN	CMS Certification Number
CMS	Centers for Medicare & Medicaid Services
CQM	Clinical Quality Measures
DMF	Social Security Death Master File
EH	Eligible Hospital
EHR	Electronic Health Record
EIN	Employer's Identification Number
EP	Eligible Professional
FI	Fiscal Intermediary
FQHC	Federally Qualified Health Center
I&A	Identification & Authentication System
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

# ACRONYMS



