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Medicare regulations can be found on the CMS Web site at [http://www.cms.gov](http://www.cms.gov)
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Disclaimer
The Centers for Medicare & Medicaid Services (CMS) is providing this material as an informational reference for eligible hospitals.

Although every reasonable effort has been made to assure the accuracy of the information within these pages at the time of posting, the Medicare program is constantly changing, and it is the responsibility of each eligible hospital to remain abreast of the Medicare program requirements. Medicare regulations can be found on the CMS Web site at http://www.cms.gov. Specific information about the Medicare and Medicaid EHR Incentive Programs can be found at http://www.cms.gov/EHRIncentivePrograms.

Medicare regulations can be found on the CMS Web site at http://www.cms.gov
Step 1 – Getting Started

Medicare Eligible Hospitals, Medicare & Medicaid Eligible Hospitals and Critical Access Hospitals (CAHs) must attest to Stage 2 of meaningful use of certified electronic health record (EHR) technology using this ATTESTATION module.

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

This is a step-by-step guide for the Medicare Eligible Hospitals Stage 2 EHR Incentive Program ATTESTATION module. This guide will help you navigate the Attestation module. The user guide page layout consists of the attestation screen on the left side of the page and written instructions with helpful tips on the bottom of the page.

TIP

To determine your eligibility, click on the CMS website.
Step 1 - Getting Started (Cont.)

Carefully read the screen for important information.

**Warning**

(*) Red asterisk indicates a required field.

WARNING: Only authorized registered users have rights to access the Medicare & Medicaid EHR Incentive Program Registration & Attestation System.

Please verify the following statements:

- You are accessing a U.S. Government Information system
- The U.S. Government maintains ownership and responsibility for its computer systems
- Usage of this system may be monitored, recorded, and audited
- Unauthorized use is prohibited and subject to criminal and civil penalties
- The use of the information system establishes consent to any and all monitoring and recording of activities

*Check this box to indicate you acknowledge that you are aware of the above statements*

Select the **Continue** button to go to the LOGIN page or select the **Previous** button to go back to the WELCOME page.

**Steps**

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

Click **Continue**

**Tip**

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

**Eligible Professionals (EPs)**
- If you are an EP, you must have an active National Provider Identifier (NPI) and have a National Plan and Provider Enumeration System (NPPES) web user account. Use your NPPES user ID and password to log into this system.
- If you are an EP who does not have an NPI and/or an NPPES web user account, navigate to NPPES to apply for an NPI and/or create an NPPES web user account.

**Eligible Hospitals**
- If you are an Eligible Hospital, you must have an active NPI. If you do not have an NPI, apply for an NPI in NPPES.

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

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

(*) Red asterisk indicates a required field.
*User ID:__________________________
*Password:__________________________

Click Log in

**TIPS**
To contact the I&A help desk, call: 1(866) 484-8049 or email EUSSupport@cgi.com
To locate your NPI number, visit: https://nppes.cms.hhs.gov/NPPES/NPIRegistryHome.do
User name and password are case sensitive
Step 2 – Welcome screen for the EHR Incentive Program (cont.)

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

1. Home
2. Registration
3. Attestation
4. Status
Step 3 – Attestation Instructions

STEPS

Read the Attestation Instructions

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

TIPS

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

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

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

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

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, the user can select “Continue with Attestation.”

You may log out at any point during attestation and continue at a later time. All of the information that you have entered up until this point will be saved within the attestation module.
Step 5 – Attestation Information

STAGES

Enter your CMS EHR Certification Number

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

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

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

Click Save & Continue

**TIPS**

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

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

**TOPICS PROGRESS**

This is the first of four topics required for attestation
Step 6 – Meaningful Use Core Measures – Questionnaire (1B of 16)

**STEPS**

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

Click **Save & Continue**

**TIPS**

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

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

**TOPICS PROGRESS**

This is the second of four topics required for attestation

Numerator and Denominator must be whole numbers.
Step 6 – Meaningful Use Core Measures – Questionnaire (1C of 16)

**STEPS**

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

Click **Save & Continue**

---

**TIPS**

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

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

---

**TOPICS PROGRESS**

This is the second of four topics required for attestation

Numerator and Denominator must be whole numbers.
Step 6 – Meaningful Use Core Measures – Questionnaire (1D of 16)

**TIPS**

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

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

**TOPICS PROGRESS**

This is the second of four topics required for attestation

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

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

STEPS

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

Click Save & Continue

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

Exclusion: Eligible hospitals can be excluded from meeting an objective if they meet the requirements of the exclusion. If the eligible hospital cannot meet the specific exclusion requirements, then the eligible hospital cannot answer “Yes” to the exclusion question. (If no exclusion is indicated, the eligible hospital must report on that measure.)
Step 8 –
Meaningful Use Core Measures – Questionnaire (3 of 16)

**STEPS**
Select the appropriate option under Patient Records
Enter Numerator and Denominator
Click Save & Continue

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

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

**TOPICS PROGRESS**
This is the second of four topics required for attestation
Step 9 –
Meaningful Use Core Measures – Questionnaire (4 of 16) (Cont.)

STEPS

If you answered no to the exclusion, select the appropriate option under Patient Records. Enter the Numerator and Denominator.

Click Save & Continue

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

TOPICS PROGRESS

This is the second of four topics required for attestation
Step 10 –
Meaningful Use Core Measures – Questionnaire (5A of 16)

[Image of Step 10 – Meaningful Use Core Measures – Questionnaire (5A of 16)]

**STEPS**

Select Yes or No in each step.

Click **Save & Continue**

---

Step 10 –
Meaningful Use Core Measures – Questionnaire (5B of 16)

[Image of Step 10 – Meaningful Use Core Measures – Questionnaire (5B of 16)]

**STEPS**

Select Yes or No in each step.

Click **Save & Continue**

---

**TIP**

You may log out at any point during attestation and continue at a later time. All of the information that you have entered up until this point will be saved within the attestation module.
Step 11 –
Meaningful Use Core Measures – Questionnaire (6 of 16)

**STEPS**
- Select the appropriate option under Patient Records
- Enter Numerator and Denominator
- Click *Save & Continue*

**TIPS**
- Click on HELP for additional guidance to navigate the system
- The Help link is located on each page

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

**STAGE 2 ATTESTATION USER GUIDE**
FOR ELIGIBLE HOSPITALS & CRITICAL ACCESS HOSPITALS

https://ehrincentives.cms.gov

Medicare EHR Incentive Program User Guide – Page 18
Step 13 –
Meaningful Use Core Measures – Questionnaire (8A of 16)

**STEPS**
Select the appropriate option under Patient Records
Enter Numerator and Denominator
Click **Save & Continue**

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

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

---

Medicare EHR Incentive Program User Guide – Page 19
Step 14 –
Meaningful Use Core Measures – Questionnaire (9 of 16)

STEPS

Enter the Numerator and Denominator.

Click Save & Continue

Step 15 –
Meaningful Use Core Measures – Questionnaire (10 of 16)

STEPS

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

Click Save & Continue

TIPS

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

The completed topics will show a check mark on the TOPICS screen.
Step 16 –

Meaningful Use Core Measures – Questionnaire (11A of 16)

**STEPS**

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

Click **Save & Continue**

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 will show a check mark on the TOPICS screen.

**TOPICS PROGRESS**

This is the second of four topics required for attestation
Step 16 –
Meaningful Use Core Measures – Questionnaire (11C of 16)

**STEPS**

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

Click **Save & Continue**

Step 17 –
Meaningful Use Core Measures – Questionnaire (12 of 16)

**STEPS**

Select Yes or No.

Click **Save & Continue**

**TIPS**

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

The completed topics will show a check mark on the TOPICS screen.
Step 17 –

Meaningful Use Core Measures – Questionnaire (12 of 16) (cont.)

**STEPS**

Answer Yes or No to Exclusions 1-4 and the last question.

Click **Save & Continue**

---

**TIPS**

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

The completed topics will show a check mark on the TOPICS screen.

---

**TOPICS PROGRESS**

This is the second of four topics required for attestation

| 1 | 2 | 3 | 4 |
Step 18 –
Meaningful Use Core Measures – Questionnaire (13 of 16)

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.

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

STEPS
Answer Yes or No to Exclusions 1-3 and to the last question.

Click Save & Continue
Step 19 –
Meaningful Use Core Measures – Questionnaire (14 of 16)

**STEPS**
Answer Yes or No to Exclusions 1-4 and to the last question.

Click Save & Continue

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

The completed topics will show a check mark on the TOPICS screen.

**TOPICS PROGRESS**
This is the second of four topics required for attestation
Step 20 –
Meaningful Use Core Measures – Questionnaire (15 of 16)

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

Step 21 –
Meaningful Use Core Measures – Questionnaire (16 of 16)

**STEPS**
- Answer Yes or No to the exclusions.
- Select the appropriate option under Patient Records.
- Enter the Numerator and Denominator.
- Click **Save & Continue**

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

The completed topics will show a check mark on the TOPICS screen.

**TOPICS PROGRESS**
This is the second of four topics required for attestation
## Step 22 – Meaningful Use Menu Measures – Questionnaire

### STEPS

Read the instructions and select a total of three (3) measures from the six (6) Meaningful Use Menu Measures listed.

Note: An exclusion will not count toward the total and will be treated as a deferral. If exclusions are claimed for more than three, the criteria for the remaining non-excluded objectives must be met.

Click Save & Continue

### TIP

The three (3) measures chosen will appear on the next screens once you click the Save & Continue button.

<table>
<thead>
<tr>
<th>Objective</th>
<th>Measure</th>
<th>Select</th>
</tr>
</thead>
<tbody>
<tr>
<td>Record whether a patient 65 years old or older has an advance directive.</td>
<td>More than 50 percent of all unique patients 65 years old or older admitted to the eligible hospital or CAH’s inpatient department (POS 21) during the EHR reporting period have an indication of an advance directive status recorded as structured data.</td>
<td></td>
</tr>
<tr>
<td>Imaging results consisting of the image itself and any annotation or other accompanying information are accessible through Certified EHR Technology.</td>
<td>More than 10 percent of all patients admitted to the eligible hospital or CAH for patients admitted to its inpatient or emergency department (POS 21 or 23) during the EHR reporting period, have a structured data entry for one or more first-degree relatives.</td>
<td></td>
</tr>
<tr>
<td>Record patient family/health history as structured data.</td>
<td>More than 10 percent of all unique patients admitted to the eligible hospital or CAH’s inpatient or emergency department (POS 21 or 23) during the EHR reporting period have a structured data entry for one or more first-degree relatives.</td>
<td></td>
</tr>
<tr>
<td>Generate and transmit permissionless discharge prescriptions electronically (eRx).</td>
<td>More than 10 percent of hospital discharge medication orders for permissionless prescriptions (for new, changed or refill prescriptions) are recorded as a drug formulary and transmitted electronically.</td>
<td></td>
</tr>
<tr>
<td>Record electronic notes in patient records.</td>
<td>Enter at least one electronic progress note created, added or signed by an authorized provider of the eligible hospital or CAH’s inpatient or emergency department (POS 21 or 23) for more than 30 percent of unique patients admitted to the eligible hospital or CAH’s inpatient or emergency department during the EHR reporting period. The text of the electronic note must be text-editable and may contain drawings and other content.</td>
<td></td>
</tr>
<tr>
<td>Provide structured laboratory results to ambulatory providers.</td>
<td>Hospital labs send structured electronic clinical lab results to the ordering provider for more than 30 percent of electronic lab orders received.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hospital labs send structured electronic clinical lab results to the ordering provider for more than 30 percent of lab orders received.</td>
<td></td>
</tr>
</tbody>
</table>

Please select the Previous button to go back a topic 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.
Step 22 – Meaningful Use Menu Measure 1 of 3

The menu measures you selected previously will appear on the following screens. Answer the question about exclusions, select the appropriate option under Patient Records, and enter the Numerator and Denominator.

Click Save & Continue

**TIP**

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

All of the information that you have entered up until this point will be saved within the attestation module.
Step 22 – Meaningful Use Menu (cont.) Measure 2 of 3

STEPS

The menu measures you selected previously will appear on the following screens. Enter the Numerator and Denominator.

Click Save & Continue

TIPS

You may select the Previous button to go back

Only the three (3) measures chosen will display

TOPICS PROGRESS

This is the third of four topics required for attestation
Step 22 – Meaningful Use Menu (cont.) Measure 3 of 3

The menu measures you selected previously will appear on these screens. Select the appropriate option.

Click Save & Continue

For additional information click on the “EHR Incentive Program Educational Resources” link
Step 23 – Reporting Clinical Quality Measures (CQMs)

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

STEPS
Select the method for how you would like to report Clinical Quality Measures (CQMs).

Click Save & Continue

TIP
For information on the CQM eReporting, click on the Clinical Quality measure Specification page
Step 24 – Clinical Quality Measures (CQMs)

**STEPS**

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

Step 25 – Clinical Quality Measures (CQMs) (1 of 16)

### Clinical Quality Measures

<table>
<thead>
<tr>
<th>Measure:</th>
<th>CM555v1/CM555v2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title:</td>
<td>Emergency Department (ED) 1: Emergency Department Throughput – Median time from ED arrival to ED departure for admitted ED patients</td>
</tr>
<tr>
<td>Description:</td>
<td>Median time from emergency department arrival to time of departure from the emergency room for patients admitted to the facility from the emergency department.</td>
</tr>
<tr>
<td>Exemptions:</td>
<td>In the relevant EHR reporting period, eligible hospitals and CAHs with 5 or fewer discharges (if subject to a 90-day or 3-month FFY quarter EHR reporting period), or 20 or fewer discharges (if subject to a full FFY EHR reporting period) as defined by the CQMs denominator population would be exempted from reporting on the CQM. For eligible hospitals and CAHs participating in the Medicare EHR Incentive Program, please submit aggregate population data in QualityNet (for FFY-based reporting) for each CQM for which the eligible hospital or CAH is seeking the exemption. For eligible hospitals and CAHs participating in the Medicaid EHR Incentive Program, please check with your state Medicaid agency for any additional requirements for the care to be tracked.</td>
</tr>
</tbody>
</table>

#### STEPS

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

2. **Click Save & Continue**

---

**TIPS**

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

---

**TOPICS PROGRESS**

This is the fourth of four topics required for attestation.

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

---

Step 26 – Clinical Quality Measures (CQMs) (2 of 16)

**STEPS**

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

**Click Save & Continue**

**TIPS**

Click on Help for additional guidance to navigate the system.

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

**TOPICS PROGRESS**

This is the fourth of four topics required for attestation.

---

**Clinical Quality Measures**

Questionnaire: (2 of 16)

(*) Red asterisk indicates a required field.

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

Measure: CMS111v0/CMS111v2

Title: ED-2 Emergency Department Throughput - Median Admit Decision Time to ED Departure Time for Admitted Patients

Description: Median time (in minutes) from admission decision time to time of departure from the emergency department for emergency department patients admitted to inpatient status.

Exemption: In the relevant EHR reporting period, eligible hospitals and CAHs with 5 or fewer discharges (if subject to a 90-day or 3-month FY quarter EHR reporting period), or 20 or fewer discharges (if subject to a full FY EHR reporting period) as defined by the CQMs denominator population would be exempted from reporting on the CQM. For eligible hospitals and CAHs participating in the Medicare EHR Incentive Program, please submit aggregate population data in QuartletNet (for EHR-based reporting) for each CQM for which the eligible hospital or CAH is seeking the exemption. For eligible hospitals and CAHs participating in the Medicaid EHR Incentive Program, please check with your state Medicaid agency for any additional requirements for the case threshold exemptions.

*Does this exemption apply to you?*

- NO, the ED has more than 5 discharges (if subject to a 90-day or 3-month FY quarter EHR reporting period) or more than 20 discharges (if subject to a full FY EHR reporting period).

- YES, the ED has 5 or fewer discharges (if subject to a 90-day or 3-month FY quarter EHR reporting period) or 20 or fewer discharges (if subject to a full FY EHR reporting period).

Denominator: Any ED patient from the facility’s emergency department.

Numerator: Time (in minutes) from Decision to Admit to ED departure for patients admitted to the facility from the emergency department.

Complete the following information:

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

<table>
<thead>
<tr>
<th>Denominator</th>
<th>Numerator</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Denominator</th>
<th>Numerator</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Denominator</th>
<th>Numerator</th>
</tr>
</thead>
</table>
Step 27 – Clinical Quality Measures (CQMs) (3 of 16)

**STEPS**

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

Click **Save & Continue**

---

Step 28 – Clinical Quality Measures (CQMs) (4 of 16)

**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 29 – Clinical Quality Measures (CQMs) (5 of 16)

**STEPS**

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

Click *Save & Continue*

Step 30 – Clinical Quality Measures (CQMs) (6 of 16)

**TIP**

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

**TOPICS PROGRESS**

This is the fourth of four topics required for attestation
Step 31 – Clinical Quality Measures (CQMs) (7 of 16)

**STEPS**

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

Click **Save & Continue**

---

Step 32 – Clinical Quality Measures (CQMs) (8 of 16)

**TIPS**

Denominator is entered before the Numerator

Numerator and denominator must be whole numbers

---

**TOPICS PROGRESS**

This is the fourth of four topics required for attestation

1 2 3 4
Step 33 – Clinical Quality Measures (CQMs) (9 of 16)

**STEPS**

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

Click **Save & Continue**

### Clinical Quality Measures

<table>
<thead>
<tr>
<th>Questionnaire: (9 of 16)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(*) Red asterisk indicates a required field.</td>
</tr>
</tbody>
</table>

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

**Measure:** C6S18B/NHF0147

**Version:** C6S18Bv2/C6S18Bv3

**Title:** Initial Antibiotic Selection for Community-Acquired Pneumonia (CAP) in Immunocompetent Patients

**Description:** (FS) Immunocompetent patients with Community-Acquired Pneumonia who receive an initial antibiotic regimen during the first 24 hours that is consistent with current guidelines.

- **Population 1:** Immunocompetent ICU patients with Community-Acquired Pneumonia who receive an initial antibiotic regimen during the first 24 hours that is consistent with current guidelines.
- **Population 2:** Immunocompetent non-Intensive Care Unit (ICU) patients with Community-Acquired Pneumonia who receive an initial antibiotic regimen during the first 24 hours that is consistent with current guidelines.

**Exemption:** In the relevant EHR reporting period, eligible hospitals and CAHs with 5 or fewer discharges (if subject to a 90-day or 2-month FY quarter EHR reporting period), or 10 or fewer discharges (if subject to a full FY EHR reporting period) as defined by the CQMs denominator population would be exempted from reporting on the CQM. For eligible hospitals and CAHs participating in the Medicare EHR Incentive Program, please submit aggregate population data in QualityNet (for EHR-based reporting) for each CQM for which the eligible hospital or CAH is seeking the exemption. For eligible hospitals and CAHs participating in the Medicare EHR Incentive Program, please check with your state Medicaid agency for any additional requirements for the case threshold exemption.

- Does this exemption apply to you?
  - **NO:** The EHR has more than 5 discharges (if subject to a 90-day or 3-month FY quarter EHR reporting period) or more than 20 discharges (if subject to a full FY EHR reporting period).
  - **YES:** The EHR has 5 or fewer discharges (if subject to a 90-day or 3-month FY quarter EHR reporting period) or 20 or fewer discharges (if subject to a full FY EHR reporting period).

**Case Threshold Exemption:**

- **Case Threshold Exemption:**

**Denominator:** Pneumonia patients 18 years of age and older with an ICD-9-CM Hospital Measures-Principal Diagnosis Code of pneumonia, OR ICD-9-CM Hospital Measures-Principal Diagnosis Code of appendicitis or respiratory failure (acute or chronic) and also a secondary ICD-9-CM Other Diagnosis Code of pneumonia and abnormal findings on chest X-ray or CT scan of the chest within 24 hours prior to hospital arrival or during the hospitalization.

**Numerator:** Pneumonia patients who received an initial antibiotic regimen consistent with current guidelines during the first 24 hours of their hospitalization.

- Numerator 1 (in population 1) defines appropriate antibiotics for ICU patients.
- Numerator 2 (in population 2) defines appropriate antibiotics for non-ICU patients.

Complete the following information:

### TIP

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

**TOPICS PROGRESS**

This is the fourth of four topics required for attestation
Step 34 – Clinical Quality Measures (CQMs) (10 of 16)

**Questionnaire: (10 of 16)**

(1) Red asterisk indicates a required field.

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

<table>
<thead>
<tr>
<th>Measure</th>
<th>Version</th>
<th>Title: Prophylactic Antibiotic Selection for Surgical Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description:</td>
<td></td>
<td>Surgical patients who received prophylactic antibiotics consistent with current guidelines (specific to each type of surgical procedure).</td>
</tr>
<tr>
<td>Exclusion:</td>
<td></td>
<td>In the relevant EHR reporting period, eligible hospitals and Others with 3 or fewer discharges (if subject to a 90-day or 3-month IP quarter EHR reporting period), or 23 or fewer discharges (if subject to a Full Year EHR reporting period) as defined by the CQI denominator, (if applicable) would be exempt from reporting on the CQI. For eligible hospitals and Others participating in the Medicare EHR Incentive Program, please submit aggregate prevention data in QualityNet (the EHR-based reporting) for each CQI for the Fiscal Year (January 1st – December 31st). For Hospital and Others participating in the Medicaid EHR Incentive Program, please check with your state Medicaid agency for any additional requirements for the case threshold exemption.</td>
</tr>
</tbody>
</table>

**TIP**

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

For the fourth of four topics required for attestation.

**STEPS**

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

Click Save & Continue.
Step 35 – Clinical Quality Measures (CQMs) (11 of 16)

TIP
To check your progress click on the Attestation tab at the top of the page and select Modify in the Action column in the Attestation Selection page.
Step 36 – Clinical Quality Measures (CQMs) (12 of 16)

**STEPS**

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

Click **Save & Continue**

**TIP**

To check your progress click on the Attestation tab at the top of the page and select **Modify** in the Action column in the Attestation Selection page.
**Step 37 – Clinical Quality Measures (CQMs) (13 of 16)**

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

Click **Save & Continue**

**Step 38 – Clinical Quality Measures (CQMs) (14 of 16)**

You may log out at any time and continue your attestation later.

All of the information that you have entered up until this point will be saved within the attestation module.
Step 39 – Clinical Quality Measures (CQMs) (15 of 16)

**STEPS**

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

Click **Save & Continue**

---

**TIPS**

- Denominator is entered before the Numerator
- Click on HELP for additional guidance to navigate the system
- The Help link is located on each page

---

**TOPICS PROGRESS**

This is the fourth of four topics required for attestation

1 2 3 4
**Step 40 – Clinical Quality Measures (CQMs) (16 of 16)**

**STEPS**

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

**TIPS**

Denominator is entered before the Numerator. Click on HELP for additional guidance to navigate the system. The Help link is located on each page.

**TOPICS PROGRESS**

This is the fourth of four topics required for attestation.
Step 41 – Topics for this Attestation

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

Reason for Attestation

You are a Medicare Eligible Hospital completing 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
2. Meaningful Use Core Measures
3. Meaningful Use Menu Measures
4. Clinical Quality Measures

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 completed if it has a status of Electronic Reporting Program.

Step 42 – Attestation Summary

TIPS

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

Check for data entry errors as the system will not alert the user of the calculated percentage of the numerator and denominators prior to official submission of attestation

STEPS

Select Continue with Attestation

You will navigate to Summary of Measures

Select Edit on any topic to review or revise your entries
Step 42 – Attestation Summary (cont.)

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

**STEPS**

Select the measure to **Edit**

Modify your entry

Click **Save Changes**

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

---

**TIP**

For additional information click on the “Meaningful Use Measures Specification Page” link
Step 42 – Attestation Summary (cont.)

**STEPS**

Click **Continue with Attestation** or **Next Topic** to edit additional measures.

**TIPS**

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

Clicking on **Next Topic** will navigate you to the remaining measure list tables.
Step 43 – Submission Process: Attestation Statements

**STEPS**

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

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

Review the summary information.

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

**TIPS**

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

If you click **Disagree** you will go to the Home Page and your attestation will not be submitted.
Step 44 – Status Selection

Once you have submitted your Attestation, navigate to the status tab on the top right of the screen. Here you can view the list of all registrations in an approved status.

Click the Select button to navigate to the status information page to review all current and historical information related to your registration.

To view your batch uploads, click View Attestation Batch Status.

For further information about the batch upload process, please visit this page: http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/attestationbatchspecpage.html
**Step 44 – Status Selection (Cont)**

**Medicare Attestation Selection**

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

**Filter Selection**

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

Select a Category to Filter by:  

<table>
<thead>
<tr>
<th>Name</th>
<th>Tax Identifier</th>
<th>CMS Certification Number (CCN)</th>
<th>Medicare Attestation Status</th>
<th>Program Year</th>
<th>Payment Year</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>YOUR HOSPITAL NAME</td>
<td>XX-XXXXXX (EN)</td>
<td></td>
<td></td>
<td>2012</td>
<td></td>
<td>View</td>
</tr>
<tr>
<td>YOUR HOSPITAL NAME</td>
<td>XX-XXXXXX (EN)</td>
<td></td>
<td></td>
<td>2013</td>
<td></td>
<td>Attest</td>
</tr>
<tr>
<td>YOUR HOSPITAL NAME</td>
<td>XX-XXXXXX (EN)</td>
<td></td>
<td></td>
<td>2014</td>
<td></td>
<td>Modfify Cancel</td>
</tr>
<tr>
<td>YOUR HOSPITAL NAME</td>
<td>XX-XXXXXX (EN)</td>
<td></td>
<td></td>
<td>2015</td>
<td></td>
<td>Attest</td>
</tr>
<tr>
<td>YOUR HOSPITAL NAME</td>
<td>XX-XXXXXX (EN)</td>
<td></td>
<td></td>
<td>2016</td>
<td></td>
<td>Attest</td>
</tr>
</tbody>
</table>

**Medicare Attestation Batch**

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

![Attestation Batch Upload]

**STEPS**

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

For further information about the batch upload process, please visit this page:  
Step 45 – Attestation Disclaimer

**Attestation Disclaimer**

**General Notice**

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

**Signature of Eligible Professional**

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

USER WORKING ON BEHALF OF A PROVIDER: I certify that I am attesting on behalf of a provider who has given me authority to act as his/her agent. I understand that both the provider and I can be held personally responsible for all information entered. I understand that a user attesting on behalf of a provider must have an Identity and Access Management system web 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 1129), provides penalties for withholding this information.

**STEPS**

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

**TIPS**

If you click **Disagree you will navigate back to the attestation instructions page**. Your status under the Action column will read **Modify or Cancel**.

---

**Medicare EHR Incentive Program User Guide – Page 51**
Step 46 – Attestation Batch Upload

**STEPS**

Make the appropriate selections on the page and click *Choose File* to select batch to upload.

Click *Upload*.

For further information about the batch upload process, please visit this page: http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/attestationbatchspecpage.html
Step 47 – Submission Receipt (accepted attestation)

This completes your attestation

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

Your attestation status will read “Accepted” and the attestation action status column will read “View”. The attestation is locked and cannot be edited.

Tips: Click on Review Results button from the submission receipt to view your entries.
Your attestation was rejected

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 the same reporting period. Or you may submit an attestation with new information for a different reporting period during the first payment year to successfully demonstrate meaningful use.

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

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

Visit https://www.cms.gov/EHRIncentivePrograms/ for meaningful use requirements.
Step 49 – Attestation Summary (rejected attestation)

**STEPS**

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

Review each measure for the Accepted/Rejected status

Click **Next Topic** to continue with the Menu measures

**TIP**

Print the Summary of Measures page for your future reference
Step 50 – Cancel Attestation

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

**STEPS**

You may only cancel before your Attestation status is “locked for payment”

Enter a reason for cancellation

Click the **Cancel** button

**TIP**

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

Contact the EHR Information Center Help Desk for Questions concerning registration and attestation, (888) 734-6433 / TTY: (888) 734-6563

**Hours of operation:** Monday-Friday 8:30 a.m. – 4:30 p.m. in all time zones (except on Federal holidays)

Identity and Access Management system (I&A) Help Desk for assistance,
PPECOS External User Services (EUS) Help Desk
Phone: 1-866-484-8049
E-mail: EUSSupport@cgi.com

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

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

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

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

Have Questions?

STEPS

Click on Help for additional guidance to navigate the system

The Help link is located on each page
## Acronym Translation

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