STAGE 2
ATTESTATION
USER GUIDE
For Eligible Professionals

Medicare Electronic Health Record
(EHR) Incentive Program

April 2014
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Medicare regulations can be found on the CMS Web site at [http://www.cms.gov](http://www.cms.gov)

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

Although every reasonable effort has been made to assure the accuracy of the information within these pages at the time of posting, the Medicare program is constantly changing, and it is the responsibility of each provider to remain abreast of the Medicare program requirements.

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

To return to the Table of Contents, click ‘Back to the Table of Contents’ at the bottom of each page.
Step 1 – Getting Started

To receive an incentive payment, 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 Stage 2 of meaningful use. CMS also has a guide for Medicare EPs in Stage 1. 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
Step 1 - (Continue)

Carefully read the screen for important information.

---

Warning

(*) Red asterisk indicates a required field.

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

Please verify the following statements:

- You are accessing a U.S. Government information system
- The U.S. Government maintains ownership and responsibility for its computer systems
- Users must adhere to U.S. Government Information Security Policies, Standards, and Procedures. [PDF, 96.6 KB]
- Usage of this system may be monitored, recorded, and audited
- Unauthorized use is prohibited and subject to criminal and civil penalties
- The use of the information system establishes consent to any and all monitoring and recording of activities

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

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

---

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

**Login Instructions**

**Eligible Professionals (EPs)**
- If you are an EP, you must have an active National Plan and Provider Enumeration System (NPPES) web user account. Use your NPPES user ID and password to log into this system.
- If you are an EP who does not have an NPI and/or an NPPES web user account, navigate to nppes.ed 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 Hospital(s) must have an Identity and Access Management system (I&A) web user account (User ID/Password) and be associated to the Eligible Hospital’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
Proceed to STEP 3 on page 22 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

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

**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

**User Registration - User Security**

**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:**
  - Select One
  - Answer 1:

- **Question 2:**
  - Select One
  - Answer 2:

- **Question 3:**
  - Select One
  - Answer 3:

- **Question 4:**
  - Select One
  - Answer 4:

- **Question 5:**
  - Select One
  - Answer 5:

**TIPS**

Click on HELP for additional guidance to navigate the system

The Help link is on every page

**STEPS**

Create a User ID and password for your account. Choose security questions and answers in case you forget your password. Click **Continue**.
Step 2 – Login (Continued)

Working on Behalf of an Eligible Professional

**STEPS**

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

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

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

**TIPS**

Click on Help for additional guidance to navigate the system

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

Working on Behalf of an Eligible Professional

STEPS

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

TIPS

Click on Help for additional guidance to navigate the system

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

Working on Behalf of an Eligible Professional

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.
Step 2 – Login (Continued)

Working on Behalf of an Eligible Professional

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

TIPS
Click on Help for additional guidance to navigate the system

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

Working on Behalf of an Eligible Professional

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

**STEPS**

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

**TIPS**

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

Working on Behalf of an Eligible Professional

**STEPS**

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

---

**TIPS**

Click on Help for additional guidance to navigate the system

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

Working on Behalf of an Eligible Professional

**STEPS**

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

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

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

---

**TIPS**

Click on Help for additional guidance to navigate the system.

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

Working on Behalf of an Eligible Professional

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

When your employer logs in to the Identity & Access Management System and reviews their Home tab, they will see any pending requests to connect. There they can click Approve or Reject, or quickly add a connection, staff member, or other employer.

TIPS
Click on Help for additional guidance to navigate the system

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

Working on Behalf of an Eligible Professional

**STEPS**

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

---

**TIPS**

Click on Help for additional guidance to navigate the system.

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

**Working on Behalf of an Eligible Professional**

**STEPS**

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

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

**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”.

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:

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 registering for the EHR Incentive Program.
Step 3 – Welcome
If your login was successful you will receive the “Welcome Screen”.

**STEPS**

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

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:
Step 4 – Attestation Instructions

Follow the registration instructions below.

**STEPS**

Read the Attestation instructions.

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

**TIPS**

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

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

Step 5 – Topics for this Attestation

The data required is grouped into six topics for Attestation.

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”.

TIPS

STEPS

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

Or

Click Continue with Attestation to begin the attestation process.
Step 6 – Attestation Information

**STEPS**

Enter your CMS EHR Certification Number

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

Click on **Save & Continue**

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

**TIPS**

The reporting period must be a calendar quarter. To attest for the Medicare EHR Incentive Program in subsequent years, you will need to have met meaningful use for a full year.

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.
Step 7 –
Meaningful Use Core Measures Questionnaire (1B of 17)

Read the objective and measure and respond as appropriate.

**STEPS**

Select the appropriate option under Patient Records

Answer Yes or No to the Exclusion question

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

**Exclusion:** 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)

**TOPICS PROGRESS**

This is the second of six topics required for attestation
Step 8 –
Meaningful Use Core Measures Questionnaire (1C of 17)
Read the objective and measure and respond as appropriate.

**STEPS**

Select the appropriate option under Patient Records

Answer Yes or No to the Exclusion question

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

**Exclusion:** 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)

**TOPICS PROGRESS**

This is the second of six topics required for attestation
Step 9 –

Meaningful Use Core Measures Questionnaire (1D of 17)

Read the objective and measure and respond as appropriate.

**TIPS**

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

**Exclusion:** 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.)

**TOPICS PROGRESS**

This is the second of six topics required for attestation
Step 10 –
Meaningful Use Core Measures Questionnaire (2 of 17)

STEPS

Select the appropriate option under Patient Records. Answer Yes or No to the Exclusion question.

Click on Save & Continue to continue with your attestation.

TIPS

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

Log back into the system and select the “Attestation” tab to continue your attestation when you return.
Step 11 –
Meaningful Use Core Measures Questionnaire (3 of 17)

**STEPS**

Enter the Numerator and Denominator

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 on every page

**TOPICS PROGRESS**

This is the second of six topics required for attestation

1 2 3 4 5 6
Step 12 –
Meaningful Use Core Measures Questionnaire (4 of 17)

STEPS

Select the appropriate option under Patient Records

Answer Yes or No to the exclusion question

Enter the Numerator and Denominator

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

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 on every page

TIPS

Click on Help for additional guidance to navigate the system

The Help link is on every page

TOPICS PROGRESS

This is the second of six topics required for attestation
Step 13 –
Meaningful Use Core Measures Questionnaire (5 of 17)

STEPS

Select the appropriate option under Patient Records

Answer Yes or No to the Exclusion

Enter a Numerator and Denominator

Click Save & Continue

NOTE: 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.

TIPS

Numerator and Denominator must be whole numbers

Click on Help for additional guidance to navigate the system

The Help link is on every page

TOPICS PROGRESS

This is the second of six topics required for attestation
Step 14 – Meaningful Use Core Measures Questionnaire (6A of 15)

STEPS

Select Yes or No

Click on Save & Continue

Step 15 – Meaningful Use Core Measures Questionnaire (6B of 15)

STEPS

Select Yes or No under the exclusion

Click on Save & Continue
Step 16 –
Meaningful Use Core Measures Questionnaire (7 of 17)

STEPS

Select Patient Records

Answer Yes or No to the Exclusion

Enter the Numerator and Denominator

Click Save & Continue to proceed with attestation

For additional information: EHR Incentive Program Educational Resources

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.

TIPS

Numerator and Denominator must be whole numbers

You may select the Previous button to go back

TOPICS PROGRESS

This is the second of six topics required for attestation
Step 17 –
Meaningful Use Core Measures Questionnaire (8 of 17)

**STEPS**

Select the appropriate option under Patient Records

Answer Yes or No to the Exclusion

Enter the Numerator and Denominator

Click *Save & Continue to proceed with atestation*

**TIPS**

Numerator and Denominator must be whole numbers

You may select the Previous button to go back

**TOPICS PROGRESS**

This is the second of six topics required for attestation
Step 18 –
Meaningful Use Core Measures Questionnaire (9 of 17)

**STEPS**

1. Answer Yes or No to the Exclusion
2. Click **Save & Continue** to proceed with 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.

**TOPICS PROGRESS**

This is the second of six topics required for attestation

1 2 3 4 5 6

The completed topics have a check mark on the Topics screen
Step 19 –
Meaningful Use Core Measures Questionnaire (10 of 17)

**STEPS**

Select the appropriate under Patient Records

Answer Yes or No to the Exclusion

Enter the Numerator and Denominator

Click **Save & Continue** to proceed with attestation

**TIPS**

Numerator and Denominator must be whole numbers

You may select the Previous button to go back

This is the second of six topics required for attestation
Step 20 –
Meaningful Use Core Measures Questionnaire (11 of 17)

STEPS

Select the appropriate under Patient Records

Answer Yes or No to the Exclusion

Enter the Numerator and Denominator

Click **Save & Continue** to proceed with attestation

**TIPS**

Numerator and Denominator must be whole numbers

You may select the Previous button to go back

**TOPICS PROGRESS**

This is the second of six topics required for attestation

1 2 3 4 5 6
Step 21 –
Meaningful Use Core Measures Questionnaire (12 of 17)

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

**STEPS**

Select the appropriate option under Patient Records

Select Yes or No for the EXCLUSION

If the exclusion applies to you, click **Save & Continue**

If the exclusion does not apply to you, check No

Enter the Numerator and Denominator

Click **Save & Continue**

**TIP**
**NOTE:** 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

For additional information: EHR Incentive Program Educational Resources

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.
Step 22 –

Meaningful Use Core Measures Questionnaire (13 of 17)

**STEPS**

1. Select the appropriate option under Patient Records
2. Select Yes or No for the **EXCLUSION**
   - If the exclusion applies to you, click **Save & Continue**
   - If the exclusion does not apply to you, check No
3. Enter the Numerator and Denominator
4. Click **Save & Continue**

---

For additional information: [EHIncentives.cms.gov](https://ehrincentives.cms.gov)
Step 23 –

Meaningful Use Core Measures Questionnaire (14 of 17)

**STEPS**

Select the appropriate option under Patient Records

Answer Yes or No to the Exclusion

Enter the Numerator and Denominator

Select Yes or No under the EHR reporting period

Click Save & Continue to process with attestation

**Top Topics Progress**

This is the second of six topics required for attestation
Step 24 –

Meaningful Use Core Measures Questionnaire (15 of 17)

**STEPS**

1. Select Yes or No under the Exclusions
2. Click *Save & Continue*

**Questionnaire: (15 of 17)**

(•) Red asterisk indicates a required field.

**Objective:** Capability to submit electronic data to immunization registries or immunization information systems except where prohibited, and in accordance with applicable law and practice.

**Measure:** An EP must have successful ongoing submission of electronic immunization data from Certified EHR Technology to an immunization registry or Immunization Information System for the entire EHR reporting period.

**EXCLUSION:** Any EP that meets one or more of the following criteria during the EHR reporting period is excluded from this objective. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

**EXCLUSION 1:** Any EP that does not administer any of the 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 is excluded from this objective.

*Does this exclusion apply to you?*

- Yes
- No

**EXCLUSION 2:** Any EP that operates in a jurisdiction for which no immunization registry or immunization information system is capable of accepting the specific standards required for Certified EHR Technology at the start of the EP’s or his EHR reporting period is excluded from this objective.

*Does this exclusion apply to you?*

- Yes
- No

**EXCLUSION 3:** Any EP that operates in a jurisdiction where no immunization registry or immunization information system provides information timely on capability to receive immunization data is excluded from this objective.

*Does this exclusion apply to you?*

- Yes
- No

**EXCLUSION 4:** Any EP that operates in a jurisdiction for which no immunization registry or immunization information system that is capable of accepting the specific standards required by Certified EHR Technology at the start of the EP’s or his EHR reporting period can enroll additional EPs is excluded from this objective.

*Does this exclusion apply to you?*

- Yes
- No

Complete the following information:

*Have you had successful ongoing submission of electronic immunization data from Certified EHR Technology to an Immunization registry or Immunization Information System for the entire EHR reporting period?*

- Yes
- No
Step 25 – Meaningful Use Core Measures Questionnaire (16 of 17)

STEPS

Select Yes or No under the Exclusions

Click Save & Continue

For additional information: EHR Incentive Program Educational Resources

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.
Step 26 –

Meaningful Use Core Measures Questionnaire (17 of 17)

**STEPS**

1. Select the appropriate under Patient Records
2. Answer Yes or No to Exclusion 1 & 2
3. Enter the Numerator and Denominator
4. Click **Save & Continue** to process with attestation

---

**TOPICS PROGRESS**

This is the second of six topics required for attestation


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For additional information, please visit [EHR Incentive Program Educational Resources](https://ehrincentives.cms.gov).

Please select the Previous button to go back or the Save & Continue button to save your entry and proceed. Select the Return to Attestation Progress button to return to the Medicare EHR Incentive Program User Guide – Page 45.
Step 27 – Meaningful Use Menu Measures Questionnaire

**Instructions**
You must submit three of the six Meaningful Use Menu Measures. An exclusion will not count towards 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.

<table>
<thead>
<tr>
<th>Objective</th>
<th>Measure</th>
<th>Select</th>
</tr>
</thead>
<tbody>
<tr>
<td>Imaging results consisting of the image itself and any explanation or other accompanying information and accessible through Certified EHR Technology.</td>
<td>More than 10 percent of all tests whose result is one or more images ordered by the EP during the EHR reporting period are accessible through Certified EHR Technology.</td>
<td></td>
</tr>
<tr>
<td>Record patient family health history as structured data.</td>
<td>More than 20 percent of all unique patients seen by the EP during the EHR reporting period have a structured data entry for one or more first-degree relatives.</td>
<td></td>
</tr>
<tr>
<td>Capability to submit electronic syndromic surveillance data to public health agencies and actual submission except where prohibited and according to applicable law and practice.</td>
<td>An EP must have a successful ongoing submission of electronic syndromic surveillance data from Certified EHR Technology to a public health agency for the entire EHR reporting period.</td>
<td></td>
</tr>
<tr>
<td>Capability to identify and report cancer cases to a public health central cancer registry, except where prohibited, and in accordance with applicable law and practice.</td>
<td>An EP must have a successful ongoing submission of cancer case information from Certified EHR Technology to a public health central cancer registry for the entire EHR reporting period.</td>
<td></td>
</tr>
<tr>
<td>Capability to identify and report specific cases to a specialized registry (other than a cancer registry), except where prohibited, and in accordance with applicable law and practice.</td>
<td>An EP must have a successful ongoing submission of specific case information from Certified EHR Technology to a specialized registry for the entire EHR reporting period.</td>
<td></td>
</tr>
<tr>
<td>Record electronic notes in patient records.</td>
<td>Enter at least one electronic progress note created, edited, and signed by an EP for more than 30 percent of unique patients with at least one office visit during the EHR reporting period. The text of the electronic note must be test searchable and may contain drawings and other content.</td>
<td></td>
</tr>
</tbody>
</table>

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

1 2 3 4 5 6

**TIPS**
You must select from both lists even if an exclusion applies to all measures

The Attestation module will only show you the 3 you selected

**STEPS**
Read the instructions and select three (3) measures from the Meaningful Use Menu Measures by clicking on the box immediately following the measure

Click **Save & Continue**
Step 28 – Review of the Meaningful Use Menu Measures

Menu Measure 1 of 3

**STEPS**

Select the appropriate under Patient Records

Answer Yes or No to Exclusion 1 & 2

Enter the Numerator and Denominator

Click **Save & Continue** to process with attestation

**TIPS**

While this User Guide reviews all six measures, the Attestation module will only show you the **three** you selected

**TOPICS PROGRESS**

This is the third of six topics required for attestation

1 2 3 4 5 6
Step 29 – Review of the Meaningful Use Menu Measures (cont.)

Menu Measures 2 of 3

Questionnaire: (2 of 3)

(∗) Red asterisk indicates a required field.

Objective: Capability to submit electronic syndromic surveillance data to public health agencies and actual submission except where prohibited and according to applicable law and practice.

Measure: An EP must have a successful ongoing submission of electronic syndromic surveillance data from certified EHR Technology to a public health agency for the entire EHR reporting period.

EXCLUSION: Any EP that meets one or more of the following criteria during the EHR reporting period is excluded from the objective. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

EXCLUSION 1: Any EP that is not in a category of providers who collect ambulatory syndromic surveillance information on their patients during the EHR reporting period is excluded from this objective.

*Does this exclusion apply to you?

- Yes
- No

EXCLUSION 2: Any EP that operates in a jurisdiction for which no public health agency is capable of receiving electronic syndromic surveillance data in the specific standards required for Certified EHR Technology at the start of their EHR reporting period is excluded from this objective.

*Does this exclusion apply to you?

- Yes
- No

EXCLUSION 3: Any EP that operates in a jurisdiction where no public health agency provides timely information on capability to receive syndromic surveillance data is excluded from this objective.

*Does this exclusion apply to you?

- Yes
- No

EXCLUSION 4: Any EP that operates in a jurisdiction for which no public health agency that is capable of accepting the specific standards required by Certified EHR Technology at the start of their EHR reporting period can enroll additional EPs is excluded from this objective. 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:

- The EP had successful ongoing submission of electronic syndromic surveillance data from Certified EHR Technology to a public health agency for the entire EHR reporting period?

- Yes
- No

Steps:

- Answer Yes or No to Exclusion 1, 2, 3 & 4
- Enter the Numerator and Denominator
- Click Save & Continue to process with attestation

Tips:

While this User Guide reviews all six measures, the Attestation module will only show you the three you selected.

Topics Progress:

This is the third of six topics required for attestation.
Step 30 – Review of the Meaningful Use Menu Measures (cont.)

Menu Measures 3 of 3

**STEPS**

- **Answer Yes or No to Exclusion 1, 2, 3 & 4**

- **Enter the Numerator and Denominator**

- **Click Save & Continue to process with attestation**

**TIPS**

While this User Guide reviews all six measures, the Attestation module will only show you the three you selected.
Step 31 – Clinical quality measures (CQM) – Reporting Clinical Quality Measures

Eligible professionals participating in the Medicare EHR Incentive eReporting option must electronically report CQM results via an Office of the National Coordinator for Health Information Technology (ONC) “Certified” EHR Data Submission Vendor or their Direct EHR-Based Reporting. Only the following reporting options qualify towards a component of Meaningful Use:

- Physician Quality Reporting System (PQRS) EHR Reporting Option
- PQRS Group Practice Reporting Option (GPPO) Web Interface
- PQRS Qualified Clinical Data Registries (QCDR)
  - Note: Can only submit the 64 CQMs finalized in the Stage 2 final rule QCDR option
- Medicare Shared Savings Program (MSSP) – Accountable Care Organization (ACO)
- Pioneer ACOs
- Comprehensive Primary Care Initiative (CPC)

For more information about these reporting options, please visit their individual webpages on www.cms.gov.

Tip: Data submitted using PQRS Claims-Based Reporting and PQRS Registry will NOT be accepted, therefore, resulting in ineligibility for the EHR Incentive Program.

Please select the Previous button to go back a page. Select the Return to Attestation Progress button to view your progress through the attestations topics. Please note that any changes that you have made on this page will be saved. Select the Save & Continue button to save your entry and progress.

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

TIP

TOPICS PROGRESS

This is the third of six topics required for attestation

1 2 3 4 5 6

For more information, visit https://ehrincentives.cms.gov.
Step 32 – Submission Process: Attestation Statements

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.

### ATTESTATION USER GUIDE
FOR ELIGIBLE PROFESSIONALS

#### STEPS

Check the box next to each statement to attest.

**To complete your attestation**, click **Agree**

Click **Submit Attestation** if you are sure that you are ready to submit your attestation

If you are not ready and want to save your work click **Exit**

#### TIPS

If **Disagree** is chosen you will move back to the Home Page and your attestation will not be submitted

Click on **Help** for additional guidance to navigate the system
Step 33 – Clinical quality measures (CQM) Questionnaire

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

**STEPS**

Enter Clinical Quality Measure 1 of 9.

Enter the Denominator, Numerator, Performance Rates and Exclusion.

Click on Save & Continue.

**TIP**

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

This is the third of six topics required for attestation.
Step 34 – Clinical quality measures (CQM) Questionnaire
(2 of 9)

**STEPS**

Enter Clinical Quality Measure 2 of 9.

Enter the Denominator, Numerator, Performance Rates and Exception

Click on **Save & Continue**

**TIP**

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

**TOPICS PROGRESS**

This is the third of six topics required for attestation

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Medicare EHR Incentive Program User Guide – Page 53
Step 35 – Clinical quality measures (CQM) Questionnaire

(3 of 9)

**STEPS**

Enter Clinical Quality Measure 3 of 9.

Enter the Denominator, Numerator and Performance Rates

Click on **Save & Continue**

**TIP**

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

**TOPICS PROGRESS**

This is the third of six topics required for attestation

1 2 3 4 5 6
Step 36 – Clinical quality measures (CQM) Questionnaire
(4 of 9)

**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

**TOPICS PROGRESS**

This is the third of six topics required for attestation

1 2 3 4 5 6
Step 37 – Clinical quality measures (CQM) Questionnaire
(5 of 9)

**STEPS**

Enter Clinical Quality Measure 5 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

**TOPICS PROGRESS**

This is the third of six topics required for attestation

1 2 3 4 5 6
Step 38 – Clinical quality measures (CQM) Questionnaire (6 of 9)

STEPS

Enter Clinical Quality Measure 6 of 9.

Enter the Denominator, Numerator and Performance Rates

Click on Save & Continue

**TIP**

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

**TOPICS PROGRESS**

This is the third of six topics required for attestation

1 2 3 4 5 6
Step 39 – Clinical quality measures (CQM) Questionnaire
(7 of 9)

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

TOPICS PROGRESS
This is the third of six topics required for attestation
Step 40 – Clinical quality measures (CQM) Questionnaire

(8 of 9)

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

**TOPICS PROGRESS**

This is the third of six topics required for attestation

1 2 3 4 5 6
Step 41 – Clinical quality measures (CQM) Questionnaire (9 of 9)

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

TOPICS PROGRESS
This is the third of six topics required for attestation
Step 42 - Topics for this Attestation

**STEPS**

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

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

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

**TIPS**

Click on the Progress Bar to modify your Attestation.

If you choose not to view the summary of measures you will navigate to step 32.
Step 43 – Attestation Disclaimer

If you answer YES you will navigate to the Attestation Disclaimer page.

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.

If DISAGREE is chosen you will move back to the Home Page and your attestation will not be submitted.

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 calendar quarter.
Step 44 – Submission Receipt (Accepted Attestation)

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 Core Measures Menu 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 45 – Submission Receipt (Rejected Attestation)

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

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

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 Core Measures, Menu Measures, 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 46 – Summary of Measures – Rejected Attestation

**STEPS**

Review Summary of Meaningful Use Core Measures

Select *Edit*

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 47 – 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 calendar quarter.

To attest for the Medicare EHR Incentive Program in subsequent years, you will need to have met meaningful use for a full year. Please note 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 48 – Topics for Attestation – Resubmission

**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 Core Measures**  - Completed
3. **Meaningful Use Menu Measures**  - Completed
4. **Clinical Quality Measures**  - Electronic Reporting Program

**Note:**

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

**TIP**

All of the topics must be complete in order to continue with attestation

**STEPS**

Click on each of the links in the Summary of Measures to view the details of the list tables of the Core Measures, Menu Measures and Clinical Quality Measures

Click **Continue with Attestation**
Step 48 – Topics for Attestation – Resubmission (cont.)

CMS recommends you review all of their attestation information before submitting. EPs who fail their attestation their first reporting year, can submit their information again, but cannot submit information for the exact same 90-day period. The 90-day period can be a day later (3/1-5/31 vs. 3/2-6/1), but that will mean that EPs may have to recalculate all of their numerator and denominator information.
Step 49 – Attestation Statements and Confirmation Page – Resubmission

**STEPS**

Check each box next to each statement to attest

Click on **Agree**

Click on **Submit Attestation** to confirm submission

**TIP**

Select the **Disagree** button to go to the Home Page (your attestation will not be submitted), or the **Agree** button to proceed with the attestation submission process.
Step 50 – 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 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 made until the attestation form is completed and accepted as required by existing regulations (42 CFR 496.10).

NOTICE: Anyone who misrepresents or falsifies essential attestation information or a request payment from Federal funds requested by this form may be held responsible for all filing and overpayment expenses, fraud and abuse enforcement and any penalties associated with civil and criminal litigation related to the operation of the Medicare Incentive Program.

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

If you believe you have been over the Medicare EHR Incentive Program, The Patient Protection and Affordable Care Act, Section 6402, Section 1128E, provides penalties for violations.

If Disagree is chosen you will be directed back to the Medicare Attestation Instructions page to Modify or Cancel your attestation.
Step 51 – Review 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 06/04/2013.
- Your MEDICARE EHR Incentive Program attestation was successfully submitted on 06/04/2013 for Calendar year 2013.

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

Status Information

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.
### 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)

**Identification & Authentication System (I&A) Help Desk for assistance, PECOS External User Services (EUS) Help Desk**

Phone: 1-866-484-8049
E-mail: EUSSupport@cgi.com

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

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

**Certified health IT Product website - Office of the National Coordinator**

(ONC)http://onc-chpl.force.com/ehrcert/CHPLHome

**EHR Incentive Program; visit**
http://www.cms.gov/EHRIncentivePrograms/
## Acronym Translation

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Translation</th>
</tr>
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<tbody>
<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 Measures</td>
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<td>DMF</td>
<td>Social Security Death Master File</td>
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<td>EH</td>
<td>Eligible Hospital</td>
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<td>Federally Qualified Health Center</td>
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<td>National Level Repository</td>
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<td>National Provider Identifier</td>
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<td>National Plan and Provider Enumeration System</td>
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