



Understanding Attestation for the Medicare EHR Incentive Programs – Eligible Hospitals and Critical Access Hospitals

National Provider Call

May 3, 2011



Agenda

- Path to payment
 - Register
 - Attest
 - Payments
- Walkthrough of the Attestation Process
- Troubleshooting
- Helpful resources
- Q&A



Register and Attest for the EHR Incentive Programs

- Visit the CMS EHR Incentive Programs website to,
 - Register for the EHR Incentive Programs
 - Attest for the *Medicare* EHR Incentive Programs

<https://www.cms.gov/EHRIncentivePrograms/>



EHR Incentive Programs Website



U.S. Department of Health & Human Services

www.hhs.gov



Centers for Medicare & Medicaid Services

Search now Search

Home | Medicare | Medicaid | CHIP | About CMS | Regulations & Guidance | Research, Statistics, Data & Systems | Outreach & Education | Tools

People with Medicare & Medicaid | Questions | Careers | Newsroom | Contact CMS | Acronyms | Help | Email | Print

[CMS Home](#) > [Regulations and Guidance](#) > [EHR Incentive Programs](#) > Overview

EHR Incentive Programs

Overview

- » Path to Payment
- » Eligibility
- » Registration
- » Certified EHR Technology
- » CMS EHR Meaningful Use Overview
- » Attestation
- » Medicare and Medicaid EHR Incentive Program Basics
- » Medicaid State Information
- » Medicare Advantage
- » Spotlight and Upcoming Events
- » Educational Materials
- » EHR Incentive Program Regulations and Notices
- » CMS EHR Incentive Programs Listserv
- » Frequently Asked Questions (FAQs)

Overview



The Official Web Site for the Medicare and Medicaid Electronic Health Records (EHR) Incentive Programs

The Medicare and Medicaid EHR Incentive Programs will provide incentive payments to eligible professionals, eligible hospitals and critical access hospitals (CAHs) as they adopt, implement, upgrade or demonstrate meaningful use of certified EHR technology.

[Registration for the Medicare and Medicaid EHR Incentive Program](#) is now open. Participate early to get the maximum incentive payments!

Attestation for the Medicare EHR Incentive Program is now open. Visit the [Attestation](#) page for more information.

Check on the links below for up-to-date, detailed information about the Electronic Health Record (EHR) Incentive Programs.

- Use the [Path to Payment](#) page to find out how to participate in these programs.
- [Overview of the Medicare EHR Incentive Program.](#)
- [Overview of the Medicaid EHR Incentive Program.](#)
- [Calendar of important dates.](#)
- [Downloads and related links.](#)

EHR Incentive Program Attestation Module - Login

Login

Login Instructions

(*) Red asterisk indicates a required field.

Eligible Professionals (EP)

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

Eligible Hospitals

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

Account Management

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

WARNING: Only authorized registered users have rights to access the Medicare & Medicaid EHR Incentive Program Registration & Attestation System. Unauthorized access to this system is forbidden and will be prosecuted by law. By accessing this system users are subject to monitoring by system personnel. Anyone using this system expressly consents to monitoring and is advised that if such monitoring reveals possible evidence of criminal activity, system personnel may provide the evidence of such monitoring to law enforcement officials.

* User ID:

* Password:

Enter the
Identity &
Access
management
system
User ID and
Password

User ID and
Password are
case sensitive



Welcome Sharon

Last Successful Login: 04/26/2011 | Unsuccessful Login Attempts: 0

Notifications

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

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

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

Instructions

Select any tab to continue.

Registration Tab

Please select the Registration tab above to perform any of the following actions:

- Register in the Incentive Payment Program
- Continue Incomplete Registration
- Modify Existing Registration
- Resubmit a Registration that was previously deemed ineligible

Attestation Tab

Please select the Attestation tab above to perform any of the following actions:

Medicare

- Attest for the Incentive Program
- Continue Incomplete Attestation
- Modify Existing Attestation
- Discontinue Attestation
- Resubmit failed or rejected Attestation
- Reactivate canceled Attestation

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

Status Tab

Please select the Status tab above to perform the following action:

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

Account Management Tab

Please select the Account Management tab above to perform the following actions:

- Update your user account information
- Request access to organizations
- Remove access to organizations

There are five tabs to help you navigate the registration and attestation module



Medicare Attestation

Medicare Attestation Instructions

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

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

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

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

Medicare Attestation Selection

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

Name	Tax Identifier	CMS Certification Number (CCN)	Medicare Attestation Status	Program Year	Payment Year	Action
Anytown Hospital	52-12345	908899	-	-	-	Attest

There are five attestation actions

Choose ATTEST to begin the attestation process

A HELP tab is at the top of the screen for helpful tips navigating the system

Topics for this 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 START ATTESTATION button to begin your attestation. The system will display check marks for those item(s) completed.

Completed	Topics
<input type="checkbox"/>	Attestation Information
<input type="checkbox"/>	Meaningful Use Core Measures
<input type="checkbox"/>	Meaningful Use Menu Measures
<input type="checkbox"/>	Clinical Quality Measures

Note:

When all topics are marked as completed or N/A, please select the PROCEED WITH ATTESTATION button to complete the attestation process.

In order to complete your attestation you must complete ALL of the topics
Select START ATTESTATION to begin

Attestation Information

Attestation Information

(*) Red asterisk indicates a required field.

LBN: Anytown Hospital
 TIN: 52-123456
 CCN: 909999

Please provide your EHR Certification Number:

*EHR Certification Number: [How do I find my EHR Certification Number?](#)

Note: If an EHR Certification Number is displayed, please verify that it is accurate.

*Emergency Department (ED) Admissions: An eligible hospital must choose one of two methods to designate how patients admitted to the Emergency Department (ED) will be included in the denominators of certain Meaningful Use Core and Menu Measures. Please select the method that will be used for ALL Meaningful Use Core and Menu Measures:

Observation Service Method All ED Visits Method

Please provide the EHR reporting period associated with this attestation:

*EHR Reporting Period Start Date (mm/dd/yyyy):

*EHR Reporting Period End Date (mm/dd/yyyy):

} EHR reporting period

Please select the **SAVE AND CONTINUE** button to go to the next step in the attestation process.

To obtain your EHR Certification Number visit, Office of the National Coordinator for Health IT (ONC) website

<http://healthit.hhs.gov/chpl>

Meaningful Use Core Measures

[Home](#)[Registration](#)[Attestation](#)[Status](#)[Account Management](#)

Meaningful Use Core Measures

Questionnaire: (1 of 14)

(*) Red asterisk indicates a required field.

Objective: Use Computerized Provider Order Entry (CPOE) for medication orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines.

Measure: More than 30% of all unique patients with at least one medication in their medication list admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one medication order entered using Computerized Provider Order Entry (CPOE).

***PATIENT RECORDS:** Please select whether data was extracted from ALL patient records or only from patient records maintained using certified EHR technology.

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

Complete the following information:

Numerator The number of patients in the denominator that have at least one medication order entered using Computerized Provider Order Entry (CPOE).

Denominator Number of unique patients with at least one medication in their medication list seen by the eligible hospital or CAH during the EHR reporting period.

*Numerator: *Denominator:

Meaningful Use Core Measures



Medicare & Medicaid EHR Incentive Program Registration and Attestation System

[Home](#) | [Help](#) | [Log Out](#)

[Home](#)

[Registration](#)

[Attestation](#)

[Status](#)

[Account Management](#)

Meaningful Use Core Measures

Questionnaire: (2 of 14)

(*) Red asterisk indicates a required field.

Objective: Implement drug-drug and drug-allergy interaction checks.

Measure: The eligible hospital or CAH has enabled this functionality for the entire EHR reporting period.

Complete the following information:

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

Yes No

Please select the **PREVIOUS PAGE** button to go back or the **SAVE & CONTINUE** button to proceed.

[PREVIOUS PAGE](#)

[SAVE AND CONTINUE](#)

Meaningful Use Core Measures

Meaningful Use Core Measures

Questionnaire: (8 of 14)

(*) Red asterisk indicates a required field.

Objective: Record smoking status for patients 13 years old or older.

Measure: More than 50% of all unique patients 13 years old or older admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have smoking status recorded as structured data.

EXCLUSION - Based on ALL patient records: An eligible hospital or CAH that sees no patients 13 years or older would be excluded from this requirement. Exclusion from this requirement does not prevent an eligible hospital or CAH from achieving meaningful use.

*Does this exclusion apply to you?

Yes No

Complete the following information:

Numerator Number of patients in the denominator with smoking status recorded as structured data.

Denominator Number of unique patients age 13 or older admitted to the eligible hospital's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

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

Please select the **PREVIOUS PAGE** button to go back or the **SAVE & CONTINUE** button to proceed.

PREVIOUS PAGE

SAVE AND CONTINUE

Eligible hospitals can be excluded from meeting an objective if they meet the requirements of the exclusion

Meaningful Use Menu Measures

Home Registration **Attestation** Status Account Management

Meaningful Use Menu Measures

Questionnaire

Instructions:

Eligible hospitals must report on a total of five (5) Meaningful Use Menu Measures. At least one of the five measures must be from the public health menu measures. Should the eligible hospital be able to successfully meet only one of these public health menu measures, the eligible hospital must select and report on that measure to CMS. Having met one public health menu measure, the eligible hospital must then select any other four measures from the Meaningful Use Menu Measures. In selecting the remaining four measures, the eligible hospital may select any combination from the remaining public health menu measures or from the additional Meaningful Use Menu Measures in the list below.

If an eligible hospital meets the criteria for and can claim an exclusion for all of the public health menu measures, they must still select one public health menu measure and attest that they qualify for the exclusion. They must then select any other four measures from the menu measures, which can be any combination from the remaining public health menu measures or from the additional Meaningful Use Menu Measures in the list below. CMS encourages eligible hospitals to select menu measures on which they can report and to claim an exclusion for a menu measure only in cases where there are no remaining menu measures for which they qualify or if there are no remaining menu measures on which they are able to report.

Report a total of five menu measures

Public Health Measures

You must submit at least one Meaningful Use Menu Measure from the public health list even if an Exclusion is applied:

Objective	Measure	Select
Capability to submit electronic data to immunization registries or immunization information systems and actual submission in accordance with applicable law and practice.	Performed at least one test of certified EHR technology's capacity to submit electronic data to immunization registries and follow up submission if the test is successful (unless none of the immunization registries to which the eligible hospital or CAH submits such information have the capacity to receive the information electronically).	<input type="checkbox"/>
Capability to submit electronic data on reportable (as required by State or local law) lab results to public health agencies and actual submission in accordance with applicable law and practice.	Performed at least one test of certified EHR technology capacity to provide electronic submission of reportable lab results to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which eligible hospital or CAH submits such information have the capacity to receive the information electronically).	<input type="checkbox"/>
Capability to submit electronic syndromic surveillance data to public health agencies and actual submission in accordance with applicable law and practice.	Performed at least one test of certified EHR technology's capacity to provide electronic syndromic surveillance data to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which an eligible hospital or CAH submits such information have the capacity to receive the information electronically).	<input type="checkbox"/>

Select up to two from the Public Health Measures

Additional Measures

Objective	Measure	Select
Implemented drug-formulary checks.	The eligible hospital or CAH has enabled this functionality and has access to at least one internal or external drug formulary for the entire EHR reporting period.	<input type="checkbox"/>
Record advance directives for patients 65 years old or older.	More than 50% of all unique patients 65 years old or older admitted to the eligible hospital's or CAH's inpatient department (POS 21) have an indication of an advance directive status recorded as structured data.	<input type="checkbox"/>
Incorporate clinical lab-test results into certified EHR as structured data.	More than 40% of all clinical lab tests results ordered by an authorized provider of the eligible hospital or CAH for patients admitted to its inpatient or emergency department (POS 21 or 23) during the EHR reporting period whose results are either in a positive/negative or numerical format are incorporated in certified EHR technology as structured data.	<input type="checkbox"/>
Generate lists of patients by specific conditions to use for quality improvements, reduction of disparities, or outreach.	Generate at least one report listing patients of the eligible hospital or CAH with a specific condition.	<input type="checkbox"/>
Use certified EHR technology to identify patient-specific education resources and provide those resources to the patient if appropriate.	More than 10% of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department [Place of Service (POS) 21 or 23] during the EHR reporting period are provided patient-specific education resources.	<input type="checkbox"/>
The eligible hospital or CAH who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation.	The eligible hospital or CAH performs medication reconciliation for more than 50% of transitions of care in which the patient is admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23).	<input type="checkbox"/>
The eligible hospital or CAH that transitions their patient to another setting of care or provider of care or refers their patient to another provider of care should provide summary of care record for each transition of care or referral.	The eligible hospital or CAH that transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 50% of transitions of care and referrals.	<input type="checkbox"/>

Submit additional menu measure objectives until a total of five menu measures have been selected

Only the five chosen measures will present in the next five screens



Public Health Menu Measure



Medicare & Medicaid EHR Incentive Program Registration and Attestation System

[Home](#) | [Help](#) | [Log Out](#)

[Home](#) | [Registration](#) | [Attestation](#) | [Status](#) | [Account Management](#)

Meaningful Use Menu Measures

Questionnaire: (1 of 5)

(*) Red asterisk indicates a required field.

Objective: Capability to submit electronic data to immunization registries or immunization information systems and actual submission in accordance with applicable law and practice.

Measure: Performed at least one test of certified EHR technology's capacity to submit electronic data to immunization registries and follow up submission if the test is successful (unless none of the immunization registries to which the eligible hospital or CAH submits such information have the capacity to receive the information electronically).

EXCLUSION 1 - Based on ALL patient records: An eligible hospital or CAH that does not perform immunizations during the EHR reporting period would be excluded from this requirement. Exclusion from this requirement does not prevent an eligible hospital or CAH from achieving meaningful use.

*Does exclusion 1 apply to you?

Yes No

Please select the **PREVIOUS PAGE** button to go back or the **SAVE & CONTINUE** button to proceed.

[PREVIOUS PAGE](#)

[SAVE AND CONTINUE](#)

Menu Measure

Exclusions example

Meaningful Use Menu Measures

Questionnaire: (1 of 5)

(*) Red asterisk indicates a required field.

Objective: Capability to submit electronic data to immunization registries or immunization information systems and actual submission in accordance with applicable law and practice.

Measure: Performed at least one test of certified EHR technology's capacity to submit electronic data to immunization registries and follow up submission if the test is successful (unless none of the immunization registries to which the eligible hospital or CAH submits such information have the capacity to receive the information electronically).

EXCLUSION 1 - Based on ALL patient records: An eligible hospital or CAH that does not perform immunizations during the EHR reporting period would be excluded from this requirement. Exclusion from this requirement does not prevent an eligible hospital or CAH from achieving meaningful use.

*Does exclusion 1 apply to you?

Yes No

EXCLUSION 2 - Based on ALL patient records: If there is no immunization registry that has the capacity to receive the information electronically, then the eligible hospital or CAH would be excluded from this requirement. Exclusion from this requirement does not prevent an eligible hospital or CAH from achieving meaningful use.

*Does exclusion 2 apply to you?

Yes No

Complete the following information:

*Did you perform at least one test of certified EHR technology's capacity to submit electronic data to immunization registries and follow up submission if the test was successful (unless none of the immunization registries to which the eligible hospital or CAH submits such information has the capacity to receive the information electronically)?

Yes No

Menu Measure

Patient Records example

Home | Registration | **Attestation** | Status | Account Management

Meaningful Use Menu Measures

Questionnaire: (3 of 5)

(*) Red asterisk indicates a required field.

Objective: Implemented drug-formulary checks.

Measure: The eligible hospital or CAH has enabled this functionality and has access to at least one internal or external drug formulary for the entire EHR reporting period.

***PATIENT RECORDS:** Please select whether data was extracted from ALL patient records or only from patient records maintained using certified EHR technology.

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

Complete the following information:

***Did you enable the drug-formulary check functionality and did you have access to at least one internal or external drug formulary for the entire EHR reporting period?**

- Yes
- No

Please select the **PREVIOUS PAGE** button to go back or the **SAVE & CONTINUE** button to proceed.

« PREVIOUS PAGE

SAVE AND CONTINUE »



Menu Measure

Numerator and Denominator example



Medicare & Medicaid EHR Incentive Program Registration and Attestation System

[Home](#) | [Help](#) | [Log Out](#)

[Home](#) | [Registration](#) | [Attestation](#) | [Status](#) | [Account Management](#)

Meaningful Use Menu Measures

Questionnaire: (3 of 5)

(*) Red asterisk indicates a required field.

Objective: Use certified EHR technology to identify patient-specific education resources and provide those resources to the patient if appropriate.

Measure: More than 10% of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department [Place of Service (POS) 21 or 23] during the EHR reporting period are provided patient-specific education resources.

Complete the following information:

Numerator Number of patients in the denominator who are provided patient-specific education resources.

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

*Numerator: *Denominator:

Please select the **PREVIOUS PAGE** button to go back or the **SAVE & CONTINUE** button to proceed.

[PREVIOUS PAGE](#) [SAVE AND CONTINUE](#)

Clinical Quality Measures

Clinical Quality Measures

Questionnaire: (1 of 15)

(* Red asterisk indicates a required field.)

NQF 0495, Emergency Department (ED)-1

Title: Emergency Department Throughput - admitted patients Median time from ED arrival to ED departure for admitted patients.

Description: Median time from emergency department arrival to time of departure from the emergency room for patients admitted to the facility from the emergency department.

ED-1.1: All ED patients admitted to the facility from the ED

Denominator All ED patients admitted to the facility from the ED. A positive whole number.

Numerator Median time (in minutes) from ED arrival to ED departure for patients admitted to the facility from the ED. A positive whole number.

Exclusion Observation & Mental Health Patients. A positive whole number.

*Denominator:

*Numerator:

*Exclusion:

ED-1.2: Observation ED patient stratification

Denominator ED Observation patients admitted to the facility from the ED. A positive whole number.

Numerator Median time (in minutes) from ED arrival to ED departure for patients admitted to the facility from the ED. A positive whole number.

*Denominator:

*Numerator:

ED-1.3: Dx stratification ED patients

Denominator ED patients with a Dx of Psychiatric or Mental Health Disorder admitted to the facility from the ED. A positive whole number.

Numerator Median time (in minutes) from ED arrival to ED departure for patients admitted to the facility from the ED. A positive whole number.

*Denominator:

*Numerator:

Please select the **PREVIOUS** button to go back to the Topics Page, or the **SAVE & CONTINUE** button to proceed.

[PREVIOUS PAGE](#)

[SAVE AND CONTINUE](#)

Eligible hospitals and Critical Access hospitals must report calculated clinical quality measures directly from their certified EHR technology

Clinical Quality Measures



Medicare & Medicaid EHR Incentive Program Registration and Attestation System

[Home](#) | [Help](#) | [Log Out](#)

[Home](#) | [Registration](#) | [Attestation](#) | [Status](#) | [Account Management](#)

Clinical Quality Measures

Questionnaire: (3 of 15)

(*) Red asterisk indicates a required field.

NQF 0435, Stroke-2 Title: Ischemic stroke - Discharge on anti-thrombotics

Denominator a positive whole number

Numerator a positive whole number where N≤D

Exclusion a positive whole number

*Denominator:

*Numerator:

*Exclusion:



Please select the **PREVIOUS PAGE** button to go back or the **SAVE & CONTINUE** button to proceed.

[PREVIOUS PAGE](#)

[SAVE AND CONTINUE](#)

Denominator is entered before numerator for the 15 clinical quality measures
Enter the exclusion number, if applicable

Topics for this Attestation

[Home](#) | [Registration](#) | [Attestation](#) | [Status](#) | [Account Management](#)

Topics for this Attestation

Reason for Attestation

- You are modifying your attestation information.

Topics

The data required for this attestation is grouped into topics. In order to complete your attestation, you must complete ALL of the following topics. Select the MODIFY ATTESTATION button to modify any previously entered information. The system will display check marks for those item(s) completed.

Completed	Topics
✓	Attestation Information
✓	Meaningful Use Core Measures
✓	Meaningful Use Menu Measures
✓	Clinical Quality Measures

Note:

When all topics are marked as completed or N/A, please select the PROCEED WITH ATTESTATION button to complete the attestation process.

◀ PREVIOUS PAGE
MODIFY ATTESTATION ▶
▶ PROCEED WITH ATTESTATION ▶

Once you have completed the attestation information, checkmarks will indicate the completed topics

Choose MODIFY ATTESTATION to review and edit your entries

Summary of Measures

Home Registration **Attestation** Status Account Management

Summary of Measures

Summary of Measures

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

[Meaningful Use Core Measures List Table](#)

[Meaningful Use Menu Measures List Table](#)

[Clinical Quality Measures List Table](#)

Please select the **PREVIOUS PAGE** button to go back, or the **CONTINUE** button to skip viewing the summary and proceed with the attestation submission process.

PREVIOUS PAGE

CONTINUE

Select the measure links to review the details of your attestation
***This is your last chance to view/edit the information you have entered
before you attest***

Summary of Measures

Meaningful Use Core Measure List Table



Medicare & Medicaid EHR Incentive Program Registration and Attestation System
[Home](#) | [Help](#) | [Log Out](#)

Home | Registration | Attestation | Status | Account Management

Summary of Measures

Meaningful Use Core Measure List Table

Objective	Measure	Entered	Select
Use Computerized Provider Order Entry (CPOE) for medication orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines.	More than 30% of all unique patients with at least one medication in their medication list admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one medication order entered using CPOE.	Numerator = 500 Denominator = 550	EDIT
Implement drug-drug and drug-allergy interaction checks	The eligible hospital or CAH has enabled this functionality for the entire EHR reporting period.	Yes	EDIT
Maintain an up-to-date problem list of current and active diagnoses.	More than 80% of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry or an indication that no problems are known for the patient recorded as structured data.	Numerator = 500 Denominator = 550	EDIT
Maintain active medication list.	More than 80% of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry (or an indication that the patient is not currently prescribed any medication) recorded as structured data.	Numerator = 500 Denominator = 550	EDIT
Maintain active medication allergy list.	More than 80% percent of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry (or an indication that the patient is not currently prescribed any medication) recorded as structured data.	Numerator = 500 Denominator = 550	EDIT
Record all of the following demographics: <ul style="list-style-type: none"> • Preferred language • Gender • Race • Ethnicity • Date of birth • Date and preliminary cause of death in the event of mortality in the hospital or CAH. 	More than 50% of all unique patients seen by the eligible hospital or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have demographics recorded as structured data.	Numerator = 99 Denominator = 100	EDIT

Edit your entries before attesting

Modify each Measure Individually

Meaningful Use Core Measures

Questionnaire: (1 of 14)

(*) Red asterisk indicates a required field.

Objective: Use Computerized Provider Order Entry (CPOE) for medication orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines.

Measure: More than 30% of all unique patients with at least one medication in their medication list admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one medication order entered using Computerized Provider Order Entry (CPOE).

* **PATIENT RECORDS:** Please select whether data was extracted from ALL patient records or only from patient records maintained using certified EHR technology.

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

Complete the following information:

Numerator The number of patients in the denominator that have at least one medication order entered using Computerized Provider Order Entry (CPOE).

Denominator Number of unique patients with at least one medication in their medication list seen by the eligible hospital or CAH during the EHR reporting period.

* Numerator: * Denominator:

Please select the **PREVIOUS PAGE** button to go back or the **SAVE & CONTINUE** button to proceed.

[RETURN TO SUMMARY PAGE](#)

[SAVE AND CONTINUE](#)

Summary of Measures, continued

Summary of Measures

Meaningful Use Menu Measure List Table

Objective	Measure	Entered	Select
Capability to submit electronic syndromic surveillance data to public health agencies and actual submission in accordance with applicable law and practice.	Performed at least one test of certified EHR technology's capacity to provide electronic syndromic surveillance data to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which an eligible hospital or CAH submits such information have the capacity to receive the information electronically).	Yes	EDIT
Generate lists of patients by specific conditions to use for quality improvements, reduction of disparities, or outreach.	Generate at least one report listing patients of the eligible hospital or CAH with a specific condition.	Yes	EDIT
Use certified EHR technology to identify patientspecific education resources and provide those resources to the patient if appropriate.	More than 10 percent of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are provided patient-specific education resources.	Numerator = 99 Denominator = 100	EDIT
The eligible hospital or CAH who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation.	The eligible hospital or CAH performs medication reconciliation for more than 50% of transitions of care in which the patient is admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23).	Numerator = 99 Denominator = 100	EDIT
The eligible hospital or CAH that transitions their patient to another setting of care or provider of care or refers their patient to another provider of care should provide summary of care record for each transition of care or referral.	The eligible hospital or CAH that transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 50% of transitions of care and referrals.	Numerator = 99 Denominator = 100	EDIT

Select the **CONTINUE TO ATTEST** button to stop viewing the summary of measures and proceed with your attestation. Select the **PREVIOUS PAGE** button to view the summary of Meaningful Use Core Measures. Select the **NEXT PAGE** button to view the summary of Clinical Quality Measures.

[PREVIOUS PAGE](#)
[CONTINUE TO ATTEST](#)
[NEXT PAGE](#)

Choose NEXT PAGE to review and edit the remaining measures

When complete, choose CONTINUE TO ATTESTATION

Submission Process: Attestation Statements



Submission Process: Attestation Statements

Attestation Statements

You are about to submit your attestation for EHR Certification Number **PQRSTUVWXYZ1234**.

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

- The information submitted for clinical quality measures was generated as output from an identified certified EHR technology.
- The information submitted is accurate to the knowledge and belief of the official submitting on behalf of the eligible hospital or CAH.
- The information submitted is accurate and complete for numerators, denominators, exclusions and measures applicable to the hospital or CAH.
- The information submitted includes information on all patients to whom the measure applies.
- For CQMs, a zero was reported in the denominator of a measure when an eligible hospital or CAH did not care for any patients in the denominator population during the EHR reporting period.

Please 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.

DISAGREE

AGREE

Check the box next to each statement to attest
Choose AGREE to complete your attestation



Attestation Disclaimer



Medicare & Medicaid EHR Incentive Program Registration and Attestation System

[Home](#) | [Help](#) | [Log Out](#)

[Home](#) | [Registration](#) | [Attestation](#) | [Status](#) | [Account Management](#)

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 Hospital Representative

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.

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

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

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

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

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

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

Read the disclaimer and choose AGREE to continue your attestation

Submission Receipt



Submission Receipt

Accepted Attestation

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

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

Note: Please print this page for your records. You will not receive an e-mail confirmation of your attestation.

Please select the **SUMMARY OF MEASURES** button below to view all measures and their corresponding calculation/compliance. Select the Status Tab for additional information about your EHR incentive program participation.

Attestation Tracking Information

Attestation Confirmation Number: 1000002629

LBN: XYZ Hospital

TIN: 42-1234567 (EIN)

NPI: 1234567890

CCN: 123456

EHR Certification Number: PQRSTUWXYZ1234

EHR Reporting Period: 02/01/2011 - 05/31/2011

Attestation Submission Date: 04/05/2011

Reason for Attestation: You are modifying your attestation information.

Please select the PRINT button to print this page, the SUMMARY OF MEASURES button to view all submitted measures, or the HOME button to go to the Home Page.



Print this page for your records

Your attestation is locked and cannot be edited

Rejected Attestation

Home Registration **Attestation** Status Account Management

Submission Receipt

Rejected Attestation

The hospital or CAH did not demonstrate meaningful use of certified EHR technology because one or more objectives was not met as indicated by non-compliant measures.

- One or more of the meaningful use core measure calculations did not meet meaningful use minimum standards.

Please select the **SUMMARY OF MEASURES** button below to view all measures and their corresponding calculation/compliance. Select the Status Tab for additional information about your EHR incentive program participation.

Attestation Tracking Information

Attestation Confirmation Number: 1000002754

LBN: XYZ Hospital
TIN: 42-1234567 (EIN)
NPI: 1234567890
CCN: 123456

EHR Certification Number: 123456789012345
EHR Reporting Period: 01/03/2011 - 04/04/2011
Attestation Submission Date: 04/14/2011
Reason for Attestation: You are modifying your attestation information.

Please select the PRINT button to print this page, the SUMMARY OF MEASURES button to view all submitted measures, or the HOME button to go to the Home Page.

[PRINT](#) [SUMMARY OF MEASURES](#) [HOME](#)

You did not meet one or more of the meaningful use minimum standards

Choose SUMMARY OF MEASURES to review your entries

Summary of Measures (rejected attestation)

Home Registration **Attestation** Status Account Management

Summary of Measures

Summary of Meaningful Use Menu Measures

Objective	Measure	Reason	Entered	Accepted / Rejected
Capability to submit electronic data to immunization registries or immunization information systems and actual submission according to applicable law and practice.	Performed at least one test of certified EHR technology's capacity to submit electronic data to immunization registries and follow up submission if the test is successful (unless none of the immunization registries to which the eligible hospital or CAH submits such information has the capacity to receive the information electronically).	This measure does not meet minimum standard.	No	Rejected
Capability to submit electronic data on reportable (as required by State or local law) lab results to public health agencies and actual submission in accordance with applicable law and practice.	Performed at least one test of certified EHR technology capacity to provide electronic submission of reportable lab results to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which eligible hospital or CAH submits such information have the capacity to receive the information electronically).	This measure meets minimum standard.	Excluded	Accepted
Incorporate clinical lab-test results into EHR as structured data.	More than 40% of all clinical lab tests results ordered by an authorized provider of the eligible hospital or CAH for patients admitted to its inpatient or emergency department (POS 21 or 23) during the EHR reporting period whose results are either in a positive/negative or numerical format are incorporated in certified EHR technology as structured data.	This measure meets minimum standard.	90.90%	Accepted

Please select the **HOME** button to go to the Home Page, or the **NEXT PAGE** button to view the summary of Clinical Quality Measures.

HOME NEXT PAGE >

Rejected Attestation

Reassess/modify your practice so that you can meet the measure(s)

- Resubmit your attestation information again
- Correct mistakes
- Re-submit new information

Review your documentation

- If an error is found correct and re-submit

You may submit an attestation 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). That will mean that hospital will have to recalculate numerator and denominator information



Helpful Resources

- CMS EHR Incentive Program website
<http://www.cms.gov/EHRIncentivePrograms>
 - Frequently Asked Questions (FAQs)
 - Final Rule
 - Meaningful Use Attestation Calculator
 - Attestation User Guides
 - Listserv
- HHS Office of National Coordinator Health IT - certified EHR technology list
<http://healthit.hhs.gov/CHPL>

User Guides and Other Resources

Below are step-by-step guides to help you register for EHR Incentive Programs. Choose the guide that fits your needs:

- [Registration User Guide for Eligible Professionals](#)  - Medicare Electronic Health Record (EHR) Incentive Program.
- [Registration User Guide for Eligible Professionals](#)  - Medicaid Electronic Health Record (EHR) Incentive Program.
- [Registration User Guide for Eligible Hospitals](#)  - Medicare and Medicaid Electronic Health Record (EHR) Incentive Program.
- [Medicare and Medicaid EHR Incentive Program Webinar for Eligible Professionals](#) - This tutorial video will provide Eligible Professionals with a step-by-step guide to help ensure the registration process is a success.
 - [A transcript of this webinar is available](#) .

Below are step-by-step Attestation User Guides to help you attest for the Medicare EHR Incentive Program. You can also use our Attestation Worksheet, Meaningful Use Attestation Calculator, and educational webinar to help you prepare for and complete the attestation process:

- [Attestation User Guide for Eligible Hospitals](#) 
- [Attestation User Guide for Medicare Eligible Professionals](#) 
- [Meaningful Use Attestation Calculator \(version 1\)](#)
- [Electronic Specifications for clinical quality measures \(COM\)](#)

The Electronic Health Record (EHR) Information Center is open to assist the EHR Provider Community with inquiries.

1-888-734-6433. TTY users should call 1-888-734-6563.

EHR Information Center Hours of Operation: 7:30 a.m. – 6:30 p.m. (Central Time) Monday through Friday, except federal holidays.

[Submit an Inquiry to the EHR Information Center](#)

[Back to TOP](#)

Questions & Answers

