



Registration and Attestation for the Medicare & Medicaid EHR Incentive Programs for Eligible Professionals

National Provider Call

June 7, 2012



Agenda



- Path to Payment
 - Register
 - Attest
 - Payments
- Highlights of the Registration and Attestation Processes
- Third Party Proxy
- Troubleshooting
- Helpful Resources
- Q&A Session

Medicare-only Eligible
Professionals

Medicaid-only Eligible
Professionals

Doctors of Optometry
Doctors of Podiatric
Medicine
Chiropractor

Nurse Practitioners
Certified Nurse-Midwives
Physician Assistants (PAs)
when working at an FQHC or RHC
that is so led by a PA
Doctors of Optometry
selected states

Doctors of Medicine
Doctors of Osteopathy
Doctors of Dental Medicine or
Surgery
Doctors of Optometry
selected states

Could be eligible for either
Medicare & Medicaid

Medicare Eligible Professionals



- Must be a physician (defined as MD, DO, DDM/DDS, optometrist, podiatrist, chiropractor)
- Must have Part B Medicare allowed charges
- Must not be hospital-based
- Must be enrolled in Provider Enrollment, Chain and Ownership System (PECOS) and in an ‘approved status’ , living

Medicaid Eligible Professionals



- Physicians (primarily doctors of medicine and doctors of osteopathy)
- Nurse practitioner
- Certified nurse-midwife
- Dentist
- Physician assistant who furnishes services in a federally Qualified Health Center or Rural Health Clinic that is led by a physician assistant

Register for the EHR Incentive Programs



- Visit the CMS EHR Incentive Programs website
 - Click on the Registration tab
 - Complete your registration

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

Medicaid EP Registration



- If your State has not yet launched its Medicaid EHR Incentive Program, you will not be able to register.
- States launch their EHR Incentive Programs the 1st Monday of the month.
- Check your State's Medicaid EHR Incentive Program website for details regarding your State's timeline if they have not yet launched their program.
- This information is also on the CMS website at:

http://www.cms.gov/EHRIncentivePrograms/40_MedicaidStateInfo.asp#TopOfPage

EHR Incentive Programs Website



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

EHR Incentive Programs

[Path to Payment](#)

[Eligibility](#)

[Registration](#)

[Certified EHR Technology](#)

[Clinical Quality Measures \(CQMs\)](#)

[CMS EHR Meaningful Use](#)

[Overview](#)

[Attestation](#)

[Medicare and Medicaid EHR](#)

[Incentive Program Basics](#)

[Medicaid State Information](#)

[Medicare Advantage](#)

[Spotlight and Upcoming Events](#)

[Educational Materials](#)

[Data and Reports](#)

[EHR Incentive Program](#)

[Regulations and Notices](#)

[CMS EHR Incentive Programs](#)

[Listserv](#)

[Frequently Asked Questions](#)

[\(FAQs\)](#)

EHR Incentive Programs



 Medicare Deadline

Get Paid for 2012

Countdown for first-year eligible hospitals to begin their 90-day reporting period

33

Days

July 3, 2012 is the last day for eligible hospitals to begin their 90-day reporting period to demonstrate meaningful use for the Medicare EHR Incentive Program

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](#).

Registration Link and Registration User Guides



ation | Center for Medicare & Medicaid Services

Path to Payment

Eligibility

Registration

Certified EHR Technology

Clinical Quality Measures (CQMs)

CMS EHR Meaningful Use Overview

Attestation

Medicare and Medicaid EHR Incentive Program Basics

Medicaid State Information

Medicare Advantage

Spotlight and Upcoming Events

Educational Materials

Data and Reports

EHR Incentive Program Regulations and Notices

Register for the Medicare and/or Medicaid EHR Incentive Programs

CMS EHR Incentive Programs Listserv

Frequently Asked Questions (FAQs)

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

Registration for the Medicare and Medicaid EHR Incentive Programs is now open.

We encourage providers to register for the Medicare and/or Medicaid EHR Incentive Program(s) as soon as possible to avoid payment delays. Please note that not all states have launched a Medicaid EHR Incentive Program yet, and you should check your state's [status](#).

You can register before you have a certified EHR. Register even if you do not have an enrollment record in PECOS (which is required for all hospitals and Medicare eligible professionals).

Although the Medicaid EHR Incentive Programs opened in January 2011, some states are not ready to participate. Information on when registration will be available for Medicaid EHR Incentive Programs in specific states is posted at [Medicaid State Information](#). **Eligible Professionals will not be able to register for a Medicaid EHR Incentive Program until their state's program has launched and that state's site has opened.**

Note for hospitals that register for "Both Medicare & Medicaid": You may pre-register for the Medicaid EHR Incentive Program before your state launches, but you will be placed in a "pending state validation" status for eligibility in the Medicaid Incentive Program.

Register for the Medicare and/or Medicaid EHR Incentive Programs

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 Hospitals](#) - This tutorial will provide Eligible Hospitals with a step-by-step guide to help ensure the registration process is a success.
- [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.](#)

What can you do now for the Medicare and Medicaid FHR Incentive Programs?

EHR Incentive Program Registration Module - Login



Login Instructions

Eligible Professionals (EPs)

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

Associated with both Eligible Professionals (EPs) and Eligible Hospitals

- If you are an EP using your NPPES web user account, you may also be permitted to work on behalf of a hospital. Navigate to the I&A System and use your NPPES User ID and password to request to work on behalf of an organization.
- Users working on behalf of an Eligible Professional(s) may also work on behalf of an Eligible Hospital(s). An Identity and Access Management system (I&A) web user account (User ID/Password) can be associated to both an Eligible Professional NPI and an organization NPI. If you 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.

(*) Red asterisk indicates a required field.

*User ID:

*Password:

- View our [checklist of required materials](#) here.

Log In

Cancel

Enter the
NPPES web
User ID and
Password

User ID and
Password are
case sensitive



Home | **Registration** | **Attestation** | **Status**

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

Last Successful Login: 12/15/2011 | Unsuccessful Login Attempts: 0

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

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

Instructions

Select any topic to continue.

Registration

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

Attestation

Medicare

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

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

Status

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



[Web Policies & Important Links](#) | [Department of Health & Human Services](#)

[CMS.gov](#) | [Accessibility](#) | [File Formats and Plugins](#)



Tabs will guide users through each phase



- Home
- Registration
- Attestation
- Status

Registration

Registration Instructions

Welcome to the Registration Page.

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

- Register** Register for the EHR Incentive Programs
Continue an incomplete registration
- Modify** Modify Existing Registration
Switch incentive programs (Medicare/Medicaid)
Switch Medicaid state
- Cancel** Discontinue participation in the Medicare & Medicaid EHR Incentive Programs
- Reactivate** Reactivate a previously canceled registration
- Resubmit** Resubmit a registration that was previously deemed ineligible

Registration Selection

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

Existing registration(s):

Name	Tax Identifier	National Provider Identifier (NPI)	Incentive Type	Registration Status	Action
Jane Doe, MD	XXX-XX-3568 (SSN)	000000000000	Medicare	Active	Register



Home

Registration

Attestation

Status

Registration Progress

Reason for Registration

You are an Eligible Professional registering in the incentive program.

Your Name

Tax Identifier: XXX-XX-6224 (SSN)

NPI: 123456789012

Topics

The data required for this registration is grouped into topics. In order to complete registration, 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 **EHR Incentive Program** Progress: 0 of 1

2 **Personal Information** Progress: 0 of 1

3 **Business Address & Phone** Progress: 0 of 1

Note: When all topics are marked as completed, select the **Proceed With Submission** button to submit your registration.

Proceed with Submission



Web Policies & Important Links

[CMS.gov](#)

[Accessibility](#)

Department of Health & Human Services

[File Formats and Plugins](#)



Medicare Questionnaire



Home | **Registration** | Attestation | Status

Progress: 1 of 1
Completed

EHR Incentive Program

Incentive Program Questionnaire

(*) Red asterisk indicates a required field.

Not sure which incentive program to select? Please visit the CMS Website for information on the requirements and the differences between the [Medicare and Medicaid EHR incentive programs](#).

Note: Hospitals that are eligible or may be eligible for EHR incentive payments under both Medicare and Medicaid should select **BOTH Medicare and Medicaid** during the registration process, even if

- 1) Their Medicaid State has not officially launched their EHR incentive program.
- 2) They plan to apply only for a Medicaid EHR incentive payment by adopting, implementing, or upgrading certified EHR technology.

Dually-eligible hospitals can then attest through CMS for their Medicare EHR incentive payment at a later date.

Note: Medicare EPs cannot receive both Medicare EHR and e-Prescribing incentive payments.

* Please select your Incentive Program

Medicare Medicaid

* Please select your Eligible Professional Type:

Doctor of Medicine or Osteopathy

The EHR incentive programs require the use of EHR technology certified for this program. Please visit the CMS Website, for additional information on [certified EHR technology](#) for this program.

Note: A certified EHR is not required to complete the registration process, but an EHR Certification Number will be required when you attest for payment.

* Do you have a certified EHR? [What is an EHR Certification Number?](#)

Yes No

EHR Certification Number (Optional): 00000000000000

Please select the **Previous** button to go back a page. Please note that any changes that you have made on this page will not be saved. Please select the **Save & Continue** button to save your entry and proceed.



SELECT

- Program type
- Provider type
- EHR Certification Number (optional at registration)

For the certified health IT product list visit;
<http://healthit.hhs.gov/CHPL>

Medicaid Questionnaire



Home Registration **Attestation** Status

Progress: 0 of 1

EHR Incentive Program

Incentive Program Questionnaire

(*) Red asterisk indicates a required field.

Not sure which incentive program to select? Please visit the CMS Website for information on the requirements and the differences between the [Medicare and Medicaid EHR incentive programs](#).

Note: Hospitals that are eligible or may be eligible for EHR incentive payments under both Medicare and Medicaid should select **BOTH Medicare and Medicaid** during the registration process, even if

- 1) Their Medicaid State has not officially launched their EHR incentive program.
- 2) They plan to apply only for a Medicaid EHR incentive payment by adopting, implementing, or upgrading certified EHR technology.

Dually-eligible hospitals can then attest through CMS for their Medicare EHR incentive payment at a later date.

Note: Medicare EPs cannot receive both Medicare EHR and e-Prescribing incentive payments.

*** Please select your Incentive Program**

Medicare Medicaid

*** Medicaid State/Territory:** Georgia
[Why is my state not here? \[PDF, 289KB\]](#)

*** Please select your Eligible Professional Type:**
Physician

The EHR incentive programs require the use of EHR technology certified for this program. Please visit the CMS Website, for additional information on [certified EHR technology](#) for this program.

Note: A certified EHR is not required to complete the registration process, but an EHR Certification Number will be required when you attest for payment.

*** Do you have a certified EHR?** [What is an EHR Certification Number?](#)

Yes No

EHR Certification Number (Optional): 00000000000000

Please select the **Previous** button to go back a page. Please note that any changes that you have made on this page will not be saved. Please select the **Save & Continue** button to save your entry and proceed.



Your Name
Tax Identifier: XXX-XX-6224 (SSN)
NPI: 000000000000

- SELECT
- Program type
- Medicaid State/Territory
- Provider type
- EHR Certification Number (optional at registration)

Personal Information



Medicare Information is pulled from PECOS

Home Registration **Attestation** Status

Progress: 1 of 1 Completed

Personal Information

Name
First Name: Jane
Middle Name: E
Last Name: Doe
Suffix:
Social Security Number (SSN): XXX-XX-3568
National Provider Identifier (NPI): 000000000000

Payee Information
(* Red asterisk indicates a required field.)
Please note, the tax identification number (TIN) captured below will receive the EHR incentive payment.
The payment can only be sent to an EIN if there is an approved reassignment of benefits in the Provider Enrollment, Chain and Ownership System (PECOS). Similarly, a Billing TIN can only receive the payment if a Billing TIN has been provided on an approved enrollment in PECOS.
*** Please select the payee TIN type for your EHR Registration.**
Billing TIN
The following entity will receive the EHR Incentive Payment:
Billing TIN: 123456789
Legal Name: Your Name
Please select the **Previous** button to go back a page. Select the **Return to Registration Progress** button to view your progress through the registration topics. Please note that any changes that you have made on this page will not be saved. Select the **Save & Continue** button to save your entry and proceed.

Previous Return to Registration Progress Save & Continue

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

Identifiers

(* Red asterisk indicates a required field.)
Please note, the tax identification number (TIN) captured below will receive the EHR incentive payment.
Social Security Number (SSN): XXX-XX-3458 (SSN)
National Provider Number (NPI): 123456789
*Payee TIN Type: EIN APPLY
*Group Name: Select APPLY
Payee TIN: Sunset Physicians, Inc. Pacific Providers
*Payee NPI:

Select where your payment will go in the Payee TIN Type. The EP may select their individual billing EIN to receive their EHR incentive payment. The EP will select their group if all of their Medicare benefits are assigned to the group in PECOS.

Medicaid Payment Assignment

- Medicaid EPs can elect to have their payment go to another qualified entity by selecting Payee TIN Type of EIN.
- This information will be sent to the State.
- There are rules around reassignments governing this program.

Home
Registration
Attestation
Status

Progress: 1 of 1

Business Address & Phone Number

Completed

(*) Red asterisk indicates a required field.

The address provided below will be posted on the EHR incentive program website once you receive payment to show participation in the Medicare EHR incentive program. Please note that the business address listed is the practice location established in [NPPES](#). Updates made to the business address and phone number, will not update the business address and phone number on file in NPPES. To update your business address associated to your NPI, please make your changes in NPPES.

Your Name

Tax Identifier: XXX-XX-3568 (SSN)

NPI: 0000000000

***Address Line 1:**

Address Line 2:

***City:**

***State:**

***ZIP+4:** -

***Phone Number (123) 123-4567:** Ext:

***E-Mail Address:**

***Confirm E-Mail Address:**



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

← Previous
Return to Registration Progress
Save & Continue →

The address will be posted on the program website once you receive payment (Medicare only)

Registration 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.

Your Name

Tax Identifier: XXX-XX-3568 (SSN)
NPI: 000000000000

Accept, Agree and Submit

I certify that the foregoing information is true, accurate, and complete. I understand that the Medicare/Medicaid EHR Incentive Program payment I requested will be paid from Federal funds, that by filing this registration 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/Medicaid 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 registering 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 registering on behalf of a provider must have an Identity and Access Management system web user account associated with the provider for whom he/she is registering.

I hereby agree to keep such records as are necessary to demonstrate that I met all Medicare/Medicaid 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/Medicaid EHR Incentive Program payment may be paid unless this registration 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/Medicaid 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/Medicaid 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/Medicaid 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/Medicaid EHR Incentive Program. The Patient Protection and Affordable Care Act, Section 6402, Section 1128J, provides penalties for withholding this information.



Read the
Registration
Disclaimer
and choose
AGREE or
DISAGREE

Medicare Successful Submission



Home Registration **Attestation** Status

Submission Receipt

Successful Submission

You have successfully registered for the EHR Incentive Payment Program. An email will be sent to the email address on file as a notification of this submission.

IMPORTANT! Please note:

- You must submit your Attestation information to qualify for your EHR Incentive Payment.
- You may switch between Medicare and Medicaid as many times as necessary prior to receiving an incentive payment. Once a payment is received you may also switch between Medicare and Medicaid once between payments but only once for the entire program.
- You should print this page for your records.

Registration Tracking Information

Registration ID: 1000041161
Name: Jane Doe, MD
Submitted Date: 12/15/2011
Reason(s) for Submission:
You are an Eligible Professional registering in the incentive program.
You have modified your registration information.

Please select the **Print Receipt** button to print this page.

[Print Receipt](#)

Your Name
Tax Identifier: XXX-XX-3568 (SSN)
NPI: 000000000000



This completes your registration

Select the *Print Receipt* button to print this page

Medicaid Successful Submission



This completes your registration

Print the receipt for your records

Home Registration Attestation Status

Submission Receipt

Successful Submission

You have successfully registered for the EHR Incentive Payment Program. An email will be sent to the email address on file as a notification of this submission.

IMPORTANT! Please note:
If you are a Medicaid provider, your State Medicaid Agency will need to collect and verify additional eligibility information. After 24 hours, please continue your registration using your State's eligibility verification tool. You can [find your State here](#). Your State will also collect any information to support a program attestation for Medicaid providers (i.e., Medicaid providers will not use the attestation feature on this site). Your State Medicaid Agency may also contact you through the email and/or street addresses you provided in this registration to explain how to continue the eligibility process.

You may switch between Medicaid and Medicare any time prior to your payment being initiated. This means that when [Medicare or the State Medicaid Agency] begins calculating and disbursing your payment, you will be unable to switch between Medicaid and Medicare.

Registration Tracking Information

Registration ID: 1000041161
Name: Jane Doe, MD
Submitted Date: 12/15/2011
Reason(s) for Submission:
You are an Eligible Professional registering in the incentive program.
You have modified your registration information.

Please select the **Print Receipt** button to print this page.

Print Receipt

Your Name

Tax Identifier: XXX-XX-3568 (SSN)
NPI: 000000000000

A photograph of three healthcare professionals (two men and one woman) wearing white lab coats and stethoscopes, standing together and smiling.

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

Status Information

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

- Your MEDICARE EHR Incentive Program registration was successfully submitted on 12/15/2011.

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

Tax Identifier: XXX-XX-3568 (SSN)
NPI: 000000000000
Registration Status:
Medicare: Active
Attestation Status: In Progress
Total Payment:

[Registration Information](#)
[Attestation Information](#)
[Payment Information](#)

Your MEDICARE EHR Incentive Program registration was originally created on 11/17/2011. Your MEDICARE registration was last updated on 12/15/2011.

Registration Status:

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

Registration ID: 1000041161
Payee TIN: 000000000
Payee NPI: 000000000000
EHR Certification Indicator: Yes
EHR Certification Number: 0000000000000000
Eligible Professional Type : Doctor of Medicine or Osteopathy

Business Address:
 Any Street
 Canton, MA, 02021 - 2923
Phone #: (781) 000-0000 Ext:
E-Mail: jane.doe@email.com
Contractor ID: 0000 - MA
FI/Carrier/MAC: CARRIER - 0000 - MA

Current Hospital Based Status

Deemed Hospital Based in 2011: No
Hospital Based Percentage in 2011: 0%

Please select the **Previous** button to return to the Status Selection Page.

[Previous](#)

Switching between Programs



Eligible Professionals may switch programs once after receiving an incentive payment, but the switch must occur before 2015

Please see the Incentive Program Questionnaire on slide 14

Notable Differences between the Medicare and Medicaid EHR Incentive Programs



Medicare	Medicaid
Federal Government will implement (will be an option nationally)	Voluntary for States to implement (may not be an option in every State)
Payment reductions begin in 2015 for providers that do not demonstrate Meaningful Use	No Medicaid payment reductions
Must demonstrate MU in Year 1	A/I/U option for Year 1
Maximum incentive is \$44,000 for EPs (10% bonus for EPs in HPSAs)	Maximum incentive is \$63,750 for EPs
Meaningful Use definition is common for Medicare	States can make minor modifications to Stage 1 Meaningful Use with CMS prior approval (none have to date)
Last year a provider may initiate program is 2014; Last year to register is 2016; Payment adjustments begin in 2015. Last payment year is 2016	Last year a provider may register for and initiate program is 2016; Last payment year is 2021
Only physicians, subsection (d) hospitals and CAHs	5 types of EPs, acute care hospitals (including CAHs) and children's hospitals

AIU = Adopt, Implement and Upgrade

CAH = Critical Access Hospital

HPSA = Health Professional Shortage Area

Reassigning Payments



Medicare EPs can elect to have their payment go to another entity by selecting Payee TIN Type of EIN. (Choosing this option will activate a list of entities that the EP reassigned Medicare benefits to in PECOS)

Home Registration Attestation Status

Progress: 1 of 1
Completed

Personal Information

Name
First Name: Jane
Middle Name: E
Last Name: Doe
Suffix:
Social Security Number (SSN): XXX-XX-3568
National Provider Identifier (NPI): 000000000000

Welcome Your Name
Tax Identifier: XXX-XX-3568 (SSN)
NPI: 000000000000

Payee Information

(*) Red asterisk indicates a required field.
Please note, the tax identification number (TIN) captured below will receive the EHR incentive payment.
The payment can only be sent to an EIN if there is an approved reassignment of benefits in the Provider Enrollment, Chain and Ownership System (PECOS). Similarly, a Billing TIN can only receive the payment if a Billing TIN has been provided on an approved enrollment in PECOS.

* Please select the payee TIN type for your EHR Registration.

Billing TIN

The following entity will receive the EHR Incentive Payment:
Billing TIN: 123456789
Legal Name: Your Name

Please select the **Previous** button to go back a page. Select the **Return to Registration Progress** button to view your progress through the registration topics. Please note that any changes that you have made on this page will not be saved. Select the **Save & Continue** button to save your entry and proceed.

Previous Return to Registration Progress Save & Continue

Identifiers

(*) Red asterisk indicates a required field.

Please note, the tax identification number (TIN) captured below will receive the EHR incentive payment.

Social Security Number (SSN): XXX-XX-3458 (SSN)

National Provider Number (NPI): 123456789

*Payee TIN Type: EIN

*Group Name:

Sunset Physicians, Inc.
Pacific Providers

Payee TIN:

*Payee NPI:



Medicare Attestation



Medicare & Medicaid EHR Incentive Program
Registration and Attestation System

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

Welcome Your Name

[My Account](#)

[Home](#)

[Registration](#)

[Attestation](#)

[Status](#)

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

Last Successful Login: 12/15/2011 | Unsuccessful Login Attempts: 0

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

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

Instructions

Select any topic to continue.

[Registration](#)

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

[Attestation](#)

Medicare

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

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

[Status](#)

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



[Web Policies & Important Links](#)

[Department of Health & Human Services](#)

[CMS.gov](#)

[Accessibility](#)

[File Formats and Plugins](#)



Medicare Attestation Instructions



Medicare & Medicaid EHR Incentive Program
Registration and Attestation System

[My Account](#) | [Log Out](#) | [Help](#)

Welcome Your Name

Home

Registration

Attestation

Status

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
- View** Review the Medicare attestation summary of measures after submission
- 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	National Provider Identifier (NPI)	Medicare Attestation Status	Program Year	Payment Year	Action
John Doe	XXX-XX-6224 (SSN)	0000000000				Attest

There are five attestation actions

Choose ATTEST to begin the attestation process



[Home](#)

[Registration](#)

[Attestation](#)

[Status](#)

Attestation Progress

Reason for Attestation

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

Your Name
Tax Identifier: XXX-XX-3568 (SSN)
NPI: 0000000000
Program Year: XXXX

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. The Alternate Core Clinical Quality Measures (CQM) topic is only required when a Core CQM has a denominator of zero. Select the **TOPIC** and provide the required information. The system will show when each **TOPIC** is completed.

- | | | | |
|---|--|-------------------------------|---|
| 1 | Attestation Information | Topic Pending | ▶ |
| 2 | Meaningful Use Core Measures | Topic Pending | ▶ |
| 3 | Meaningful Use Menu Measures | Topic Pending | ▶ |
| 4 | Clinical Quality Measures | Topic Pending | ▶ |
| 5 | Alternate Core Clinical Quality Measures | N/A | ▶ |
| 6 | Additional Clinical Quality Measures | Topic Pending | ▶ |

Note:

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

[Continue with Attestation](#) ▶

Select Topic 1 –
**Attestation
Information** to
begin

Attestation Information



 Medicare & Medicaid EHR Incentive Program
Registration and Attestation System

[My Account](#) | [Log Out](#) | [Help](#)

Welcome Your Name

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

Attestation Information

(* Red asterisk indicates a required field.)

Name: Your Name
TIN: XXX-XX-6224 (SSN)

Your Name
Tax Identifier: XXX-XX-3568 (SSN)
NPI: 0000000000
Program Year: XXXX

Please provide your EHR Certification Number:

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

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

Please provide the EHR reporting period associated with this attestation:
The date is dynamic for the first year but needs to be at least a 90 day period. This does not apply for subsequent years.

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

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



[Web Policies & Important Links](#) | [Department of Health & Human Services](#)
[CMS.gov](#) | [Accessibility](#) | [File Formats and Plugins](#)



To obtain your EHR Certification Number visit:

Office of the National Coordinator for Health IT (ONC) website

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

Enter the EHR Certification Number and the EHR reporting period for this attestation

Meaningful Use Core Measures



Home Registration **Attestation** Status

Meaningful Use Core Measures

Questionnaire: (1 of 15)
(* Red asterisk indicates a required field.)

Your Name
Tax Identifier: XXX-XX-3568 (SSN)
NPI: 000000000
Program Year: XXXX

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 seen by the EP have at least one medication order entered using Computerized Provider Order Entry (CPOE).

EXCLUSION - Based on ALL patient records: Any EP who writes fewer than 100 prescriptions during the EHR reporting period would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

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

Yes No

***PATIENT RECORDS:** Please select whether 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 EP during the EHR reporting period.

* Numerator: * Denominator:

For additional information: [Meaningful Use Measure Specification Page](#)

Please select the **Previous** button to go back a page. Select the **Return to Attestation Progress** button to view your progress through the attestation topics. Please note that any changes that you have made on this page will not be saved. Select the **Save & Continue** button to save your entry and proceed.

Web Policies & Important Links Department of Health & Human Services
[CMS.gov](#) [Accessibility](#) [File Formats and Plugins](#)



Some measures require that you indicate data was extracted from ALL patient records or from patient records maintained using certified EHR technology

There are 15 meaningful use core measures

Meaningful Use Core Measures



Home Registration **Attestation** Status

Meaningful Use Core Measures

Questionnaire: (4 of 15)
(* Red asterisk indicates a required field.)

Your Name
Tax Identifier: XXX-XX-3568 (SSN)
NPI: 0000000000
Program Year: XXXX

Objective: Generate and transmit permissible prescriptions electronically (eRx).
Measure: More than 40% of all permissible prescriptions written by the EP are transmitted electronically using certified EHR technology.

EXCLUSION - Based on ALL patient records: Any EP who writes fewer than 100 prescriptions during the EHR reporting period would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

***Does this exclusion apply to you?**
 Yes No

***PATIENT RECORDS:** Please select whether 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 Number of prescriptions in the denominator generated and transmitted electronically.
Denominator Number of prescriptions written for drugs requiring a prescription in order to be dispensed other than controlled substances during the EHR reporting period.

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

For additional information: [Meaningful Use Measure Specification Page](#)

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



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

Meaningful Use Core Measures



Home Registration **Attestation** Status

Meaningful Use Core Measures

Questionnaire: (11 of 15)
(* Red asterisk indicates a required field.)

Your Name
Tax Identifier: XXX-XX-3568 (SSN)
NPI: 0000000000
Program Year: XXXX

Objective: Implement one clinical decision support rule relevant to specialty or high clinical priority along with the ability to track compliance to that rule.

Measure: Implement one clinical decision support rule.

Complete the following information:

***Have you implemented one clinical decision support rule relevant to specialty or high clinical priority along with the ability to track compliance to that rule?**

Yes No

For additional information: [Meaningful Use Measure Specification Page](#)

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



These objectives must be reported. There are no exclusions to reporting these measures

Meaningful Use Core Measures



Questionnaire: (7 of 15)

(*) Red asterisk indicates a required field.

Objective: Record all of the following demographics:

- Preferred language
- Gender
- Race
- Ethnicity
- Date of birth

Measure: More than 50% of all unique patients seen by the EP have demographics recorded as structured data.

Complete the following information:

Numerator Number of patients in the denominator who have all the elements of demographics (or a specific exclusion if the patient declined to provide one or more elements or if recording an element is contrary to state law) recorded as structured data.

Denominator Number of unique patients seen by the EP during the EHR reporting period.

* Numerator: * Denominator:

Your Name

Tax Identifier: XXX-XX-3568 (SSN)

NPI: 0000000000

Program Year: XXXX

Enter numerator and denominator for the measure

Numerator and denominator must be positive whole numbers

For additional information: [Meaningful Use Measure Specification Page](#)

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

◀ Previous

Return to Attestation Progress

Save & Continue ▶



Meaningful Use Menu Measures



Objective	Measure	Select
Implemented drug-formulary checks.	The EP has enabled this functionality and has access to at least one internal or external drug formulary for the entire EHR reporting period.	<input checked="" type="checkbox"/>
Incorporate clinical lab-test results into EHR as structured data.	More than 40% of all clinical lab tests results ordered by the EP during the EHR reporting period whose results are in 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 improvement, reduction of disparities, or outreach.	Generate at least one report listing patients of the EP with a specific condition.	<input checked="" type="checkbox"/>
Send reminders to patients per patient preference for preventive/follow up care.	More than 20% of all unique patients 65 years or older or 5 years old or younger were sent an appropriate reminder during the EHR reporting period.	<input checked="" type="checkbox"/>
Provide patients with timely electronic access to their health information (including lab results, problem list, medication lists and allergies) within 4 business days of the information being available to the EP.	At least 10% of all unique patients seen by the EP are provided timely (available to the patient within four business days of being updated in the certified EHR technology) electronic access to their health information subject to the EPs discretion to withhold certain information.	<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 seen by the EP during the EHR reporting period are provided patient-specific education resources.	<input checked="" type="checkbox"/>
The EP who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation.	The EP performs medication reconciliation for more than 50% of transitions of care in which the patient is transitioned into the care of the EP.	<input type="checkbox"/>
The EP who 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 EP who 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"/>

Report a total of five menu measures

Note: you may log out at any point during this attestation

Public Health Measures



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

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 EP submits such information have the capacity to receive the information electronically).	<input type="checkbox"/>

Select up to two from the Public Health Measures

Public Health Menu Measure



Home Registration **Attestation** Status

Meaningful Use Menu Measures

Questionnaire:
(* Red asterisk indicates a required field.)

Your Name
Tax Identifier: XXX-XX-3568 (SSN)
NPI: 0000000000
Program Year: XXXX

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 EP submits such information have the capacity to receive the information electronically).

EXCLUSION 1 - Based on ALL patient records: An EP who does not perform immunizations during the EHR reporting period would be excluded from this requirement. Exclusion from this requirement does not prevent an EP 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, an EP would be excluded from this requirement. Exclusion from this requirement does not prevent an EP 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 is successful (unless none of the immunization registries to which the EP submits such information have the capacity to receive the information electronically)?**

Yes No

For additional information: [Meaningful Use Measure Specification Page](#)

Please select the **Previous** button to go back or the **Save & Continue** button 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.



Menu Measure Exclusions example



Home Registration **Attestation** Status

Meaningful Use Menu Measures

Questionnaire:
(* Red asterisk indicates a required field.)

Your Name
Tax Identifier: XXX-XX-3568 (SSN)
NPI: 0000000000
Program Year: XXXX

Objective: Implemented drug-formulary checks.
Measure: The EP has enabled this functionality and has access to at least one internal or external drug formulary for the entire EHR reporting period.

EXCLUSION - Based on ALL patient records: An EP who writes fewer than 100 prescriptions during the EHR reporting period can be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

***Does this exclusion apply to you?**
 Yes No

Complete the following information:

***Have you enabled 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

For additional information: [Meaningful Use Measure Specification Page](#)

Please select the **Previous** button to go back or the **Save & Continue** button 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.



Menu Measure

Patient Records example



Home Registration **Attestation** Status

Meaningful Use Menu Measures

Questionnaire:
(*) Red asterisk indicates a required field.

Objective: Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, or outreach.

Measure: Generate at least one report listing patients of the EP with a specific condition.

***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:

***Have you generated at least one report listing your patients with a specific condition?**

Yes No

For additional information: [Meaningful Use Measure Specification Page](#)

Please select the **Previous** button to go back or the **Save & Continue** button 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.

Your Name
Tax Identifier: XXX-XX-3568 (SSN)
NPI: 0000000000
Program Year: XXXX

A photograph of three healthcare professionals (two men and one woman) in white lab coats, standing together and smiling.

Menu Measure

Numerator and Denominator example



Home Registration **Attestation** Status

Meaningful Use Menu Measures

Questionnaire:
(*) Red asterisk indicates a required field.

Your Name
Tax Identifier: XXX-XX-3568 (SSN)
NPI: 0000000000
Program Year: XXXX

Objective: Incorporate clinical lab-test results into EHR as structured data.
Measure: More than 40% of all clinical lab tests results ordered by the EP during the EHR reporting period whose results are in either in a positive/negative or numerical format are incorporated in certified EHR technology as structured data.

EXCLUSION - Based on ALL patient records: Any EP who orders no lab tests whose results are either in a positive/negative or numeric format during the EHR reporting period would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

***Does this exclusion apply to you?**
 Yes No

You have indicated that you have ordered lab tests with results in either a positive/negative or numeric format during the EHR reporting period. Complete the following information:

Numerator Number of lab test results whose results are expressed in a positive or negative affirmation or as a number which are incorporated as structured data.

Denominator Number of lab tests ordered during the EHR reporting period by the EP whose results are expressed in a positive or negative affirmation or as a number.

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

For additional information: [Meaningful Use Measure Specification Page](#)

Please select the **Previous** button to go back or the **Save & Continue** button 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.



Core Clinical Quality Measures



Home Registration **Attestation** Status

Clinical Quality Measures

eReporting

Are you planning to participate in the Physician Quality Reporting System-Medicare EHR Incentive Pilot for 2012?

Yes No

Your Name
Tax Identifier: XXX-XX-3568 (SSN)
NPI: 0000000000
Program Year: XXXX

If you selected yes, you will need to electronically submit your clinical quality measures and you will NOT be able to attest CQM results. The reporting period for CQMs submitted electronically will be the **entire 2012 Calendar Year**. Please continue to submit your attestation in the Registration and Attestation System once you have completed the Meaningful Use Core and Meaningful Use Menu measures.

If you selected no, then you will be allowed to attest to the CQMs and you may also submit your CQMs electronically. To note, you will be paid based on your attestation and not be placed in a pending pilot status.

Please reference the [Clinical Quality Measure Specification Page](#) for more information on CQM eReporting.

Please select the **Previous** button to go back a page. Select the **Return to Attestation Progress** button to view your progress through the attestation topics. Please note that any changes that you have made on this page will not be saved. Select the **Save & Continue** button to save your entry and proceed.

Previous Return to Attestation Progress **Save & Continue**



Each Eligible Professional must report on three core Clinical Quality measures (or alternate core) and three additional quality measures

Denominator is entered before numerator for the clinical quality measures

You will be reporting on a minimum of 6 Clinical Quality Measures (CQMs) or a maximum of 9 CQMs

Core Clinical Quality Measures



Home

Registration

Attestation

Status

Clinical Quality Measures

Questionnaire: (1 of 3)

(*) Red asterisk indicates a required field.

Instructions: All three Core Clinical Quality Measures must be submitted. For each Core Clinical Quality Measure that has a denominator of zero, an Alternate Core Clinical Quality Measure must also be submitted.

NQF 0013

Title: Hypertension: Blood Pressure Measurement

Description: Percentage of patient visits for patients aged 18 years and older with a diagnosis of hypertension who have been seen for at least 2 office visits, with blood pressure (BP) recorded.

Complete the following information:

*Denominator: *Numerator:

For additional information: [Clinical Quality Measure Specification Page](#)

Please select the **Previous** button to go back a page. Select the **Return to Attestation Progress** button to view your progress through the attestation topics. Please note that any changes that you have made on this page will not be saved. Select the **Save & Continue** button to save your entry and proceed.

◀ Previous

Return to Attestation Progress

Save & Continue ▶

Your Name

Tax Identifier: XXX-XX-3568 (SSN)

NPI: 0000000000

Program Year: XXXX



Core Clinical Quality Measures



Medicare & Medicaid EHR Incentive Program
Registration and Attestation System

[My Account](#) | [Log Out](#) | [Help](#)

Welcome Your Name

- Home
- Registration
- Attestation**
- Status

Clinical Quality Measures

Questionnaire: (2 of 3)

(* Red asterisk indicates a required field.)

Instructions: All three Core Clinical Quality Measures must be submitted. For each Core Clinical Quality Measure that has a denominator of zero, an Alternate Core Clinical Quality Measure must also be submitted.

NQF 0028

Title: Preventive Care and Screening Measure Pair

a. Tobacco Use Assessment

Description: Percentage of patients aged 18 years and older who have been seen for at least 2 office visits who were queried about tobacco use one or more times within 24 months.

Complete the following information:

*Denominator: *Numerator:

b. Tobacco Cessation Intervention

Description: Percentage of patients aged 18 years and older identified as tobacco users within the past 24 months and have been seen for at least 2 office visits, who received cessation intervention.

Complete the following information:

*Denominator: *Numerator:

For additional information: [Clinical Quality Measure Specification Page](#)

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

- [Previous](#)
- [Return to Attestation Progress](#)
- [Save & Continue](#)

Your Name
Tax Identifier: XXX-XX-3568 (SSN)
NPI: 0000000000
Program Year: XXXX



[Web Policies & Important Links](#)

[CMS.gov](#)

[Department of Health & Human Services](#)

[Accessibility](#)

[File Formats and Plugins](#)



Core Clinical Quality Measures



[My Account](#) | [Log Out](#) | [Help](#)

Welcome Your Name

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

Clinical Quality Measures

Questionnaire: (3 of 3)
(* Red asterisk indicates a required field.)

Your Name
Tax Identifier: XXX-XX-3568 (SSN)
NPI: 0000000000
Program Year: XXXX

Instructions: All three Core Clinical Quality Measures must be submitted. For each Core Clinical Quality Measure that has a denominator of zero, an Alternate Core Clinical Quality Measure must also be submitted.

NQF 0421
Title: Adult Weight Screening and Follow-up
Description: Percentage of patients aged 18 years and older with a calculated BMI in the past six months or during the current visit documented in the medical record AND if the most recent BMI is outside parameters, a follow-up plan is documented.

Complete the following information:

Population Criteria 1
*Denominator: *Numerator: *Exclusion:

Population Criteria 2
*Denominator: *Numerator: *Exclusion:

For additional information: [Clinical Quality Measure Specification Page](#)

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

[Previous](#) | [Return to Attestation Progress](#) | [Save & Continue](#)



[Web Policies & Important Links](#) | [Department of Health & Human Services](#)
[CMS.gov](#) | [Accessibility](#) | [File Formats and Plugins](#)



Enter denominator, numerator *and* exclusion* (if applicable) for the three CQMs

*Exclusion refers to the patient population

Alternate Clinical Quality Measures



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

Alternate Clinical Quality Measures

Questionnaire

Instructions:

You have entered a denominator of zero for all of your Core Clinical Quality Measures. You must submit all of the Alternate Core Clinical Quality Measures from the list below.

Please select all of the Alternate Clinical Quality Measures from the list below.

Note: An Alternate Clinical Quality Measure with a denominator of zero should only be selected if the remaining Alternate Clinical Quality Measures do not have a denominator value greater than zero.

Your Name
Tax Identifier: XXX-XX-6224 (SSN)
NPI: 000000000000
Program Year: 2012

Measure #	Title	Description	Selection
NQF 0024	Title: Weight Assessment and Counseling for Children and Adolescents	Description: Percentage of patients 2 -17 years of age who had an outpatient visit with a Primary Care Physician (PCP) or OB/GYN and who had evidence of BMI percentile documentation, counseling for nutrition and counseling for physical activity during the measurement year.	<input checked="" type="checkbox"/>
NQF 0041	Title: Preventive Care and Screening: Influenza Immunization for Patients greater than or equal to 50 Years Old	Description: Percentage of patients aged 50 years and older who received an influenza immunization during the flu season (September through February).	<input checked="" type="checkbox"/>
NQF 0038	Title: Childhood Immunization Status	Description: Percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); two H influenza type B (HiB); three hepatitis B (Hep B); one chicken pox (VZV); four pneumococcal conjugate (PCV); two hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. The measure calculates a rate for each vaccine and two separate combination rates.	<input checked="" type="checkbox"/>

For additional information: [Clinical Quality Measure Specification Page](#)

Please select the **Previous** button to go back a page. Select the **Return to Attestation Progress** button to view your progress through the attestation topics. Please note that any changes that you have made on this page will not be saved. Select the **Save & Continue** button to save your entry and proceed.

The screen will prompt you with the number of alternate core CQMs you must select

That number is based on the number of zeros you reported in the denominators of core CQMs

Additional Quality Measures



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

Additional Clinical Quality Measures

Questionnaire

Instructions: Select three Additional Clinical Quality Measures from the list below. You will be prompted to enter numerator(s), denominator(s), and exclusion(s), if applicable, for all three Additional Clinical Quality Measures after you select the CONTINUE button below.

Measure #	Title	Description	Selection
NQF 0059	Title: Diabetes: Hemoglobin A1c Poor Control	Description: Percentage of patients 18-75 years of age with diabetes (type 1 or type 2) who had hemoglobin A1c > 9.0%.	<input type="checkbox"/>
NQF 0064	Title: Diabetes: Low Density Lipoprotein (LDL) Management and Control	Description: Percentage of patients 18-75 years of age with diabetes (type 1 or type 2) who had LDL-C < 100 mg/dL.	<input type="checkbox"/>
NQF 0061	Title: Diabetes: Blood Pressure Management	Description: Percentage of patients 18-75 years of age with diabetes (type 1 or type 2) who had blood pressure <140/90 mmHg.	<input type="checkbox"/>
NQF 0081	Title: Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)	Description: Percentage of patients aged 18 years and older with a diagnosis of heart failure and LVSD (LVEF < 40%) who were prescribed ACE inhibitor or ARB therapy.	<input type="checkbox"/>
NQF 0070	Title: Coronary Artery Disease (CAD): Beta-Blocker Therapy for CAD Patients with Prior Myocardial Infarction (MI)	Description: Percentage of patients aged 18 years and older with a diagnosis of CAD and prior MI who were prescribed beta-blocker therapy.	<input type="checkbox"/>
NQF 0043	Title: Pneumonia Vaccination Status for Older Adults	Description: Percentage of patients 65 years of age and older who have ever received a pneumococcal vaccine.	<input type="checkbox"/>
NQF 0031	Title: Breast Cancer Screening	Description: Percentage of women 40-69 years of age who had a mammogram to screen for breast cancer.	<input type="checkbox"/>
NQF 0034	Title: Colorectal Cancer Screening	Description: Percentage of adults 50-75 years of age who had appropriate screening for colorectal cancer.	<input type="checkbox"/>
NQF 0067	Title: Coronary Artery Disease (CAD): Oral Antiplatelet Therapy Prescribed for Patients with CAD	Description: Percentage of patients aged 18 years and older with a diagnosis of CAD who were prescribed oral antiplatelet therapy.	<input type="checkbox"/>
NQF 0083	Title: Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)	Description: Percentage of patients aged 18 years and older with a diagnosis of heart failure who also have LVSD (LVEF < 40%) and who were prescribed beta-blocker therapy.	<input type="checkbox"/>
NQF 0105	Title: Anti-depressant medication management: (a) Effective Acute Phase Treatment, (b) Effective Continuation Phase Treatment	Description: Percentage of patients 18 years of age and older who were diagnosed with a new episode of major depression, treated with antidepressant medication, and who remained on an antidepressant medication treatment.	<input type="checkbox"/>

Select three additional CQMs from the list of forty-four measures

Additional Quality Measures



Home Registration **Attestation** Status

Additional Clinical Quality Measures

Questionnaire: (1 of 3)
(* Red asterisk indicates a required field.)

NQF 0059

Title: Diabetes: Hemoglobin A1c Poor Control

Description: Percentage of patients 18-75 years of age with diabetes (type 1 or type 2) who had hemoglobin A1c > 9.0%.

Complete the following information:

*Denominator:	*Numerator:	*Exclusion:
<input type="text"/>	<input type="text"/>	<input type="text"/>

For additional information: [Clinical Quality Measure Specification Page](#)

Please select the **Previous** button to go back a page. Select the **Return to Attestation Progress** button to view your progress through the attestation topics. Please note that any changes that you have made on this page will not be saved. Select the **Save & Continue** button to save your entry and proceed.

Your Name
Tax Identifier: XXX-XX
NPI: 0000000000
Program Year: XXXX

Enter denominator, numerator for the CQMs *and* exclusion (if applicable) for all three measures

Questionnaire: (2 of 3)
(* Red asterisk indicates a required field.)

NQF 0034

Title: Colorectal Cancer Screening

Description: Percentage of adults 50-75 years of age who had appropriate screening for colorectal cancer.

Complete the following information:

*Denominator:	*Numerator:	*Exclusion:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Your Name
Tax Identifier: XXX-XX-3568 (SSN)
NPI: 0000000000
Program Year: XXXX

Topics for this Attestation



Home Registration **Attestation** Status

Attestation Progress

Reason for Attestation

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

Your Name
Tax Identifier: XXX-XX-3568 (SSN)
NPI: 000000000
Program Year: XXXX

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. The Alternate Core Clinical Quality Measures (CQM) topic is only required when a Core CQM has a denominator of zero. 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	Completed	▶
5	Alternate Core Clinical Quality Measures	Completed	▶
6	Additional Clinical Quality Measures	Completed	▶

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

[Continue with Attestation](#) ▶

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.

Summary of Measures

Meaningful Use Core Measure List Table



- 2 [Meaningful Use Core Measures](#)
- 3 [Meaningful Use Menu Measures](#)
- 4 [Clinical Quality Measures](#)
- 5 [Alternate Core Clinical Quality Measures](#)
- 6 [Additional Clinical Quality Measures](#)

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

Attestation Summary

2 [Meaningful Use Core Measures](#)

Your Name
Tax Identifier: XXX-XX-6224 (SSN)
NPI: 0000000000
Program Year: 2012

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 seen by the EP have at least one medication order entered using CPOE.	Numerator = 100 Denominator = 101	<input type="button" value="Edit"/>
Implement drug-drug and drug-allergy interaction checks	The EP has enabled this functionality for the entire EHR reporting period.	Yes	<input type="button" value="Edit"/>
Maintain an up-to-date problem list of current and active diagnoses.	More than 80% of all unique patients seen by the EP have at least one entry or an indication that no problems are known for the patient recorded as structured data.	Numerator = 100 Denominator = 101	<input type="button" value="Edit"/>

Edit your entries before attesting

Meaningful Use Core Measure



*Numerator: *Denominator:

For additional information: [Meaningful Use Measure Specification Page](#)

Please select the **Previous** button to go back a page. Select the **Return to Attestation Progress** button to view your progress through the attestation topics. Please note that any changes that you have made on this page will not be saved. Select the **Save & Continue** button to save your entry and proceed.



Questionnaire: (1 of 15)

(* 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 seen by the EP have at least one medication order entered using Computerized Provider Order Entry (CPOE).

Your Name
Tax Identifier: XXX-XX-6224 (SSN)
NPI: 0000000000
Program Year: 2012

Edit Measures



Home Registration **Attestation** Status

Attestation Summary

2 Meaningful Use Core Measures

Your Name
 Tax Identifier: XXX-XX-6224 (SSN)
 NPI: 0000000000
 Program Year: 2012

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 seen by the EP have at least one medication order entered using CPOE.	Numerator = 100 Denominator = 101	<input type="button" value="Edit"/>
Implement drug-drug and drug-allergy interaction checks	The EP has enabled this functionality for the entire EHR reporting period.	Yes	<input type="button" value="Edit"/>
Maintain an up-to-date problem list of current and active diagnoses.	More than 80% of all unique patients seen by the EP have at least one entry or an indication that no problems are known for the patient recorded as structured data.	Numerator = 100 Denominator = 101	<input type="button" value="Edit"/>
Generate and transmit permissible prescriptions electronically (eRx).	More than 40% of all permissible prescriptions written by the EP are transmitted electronically using certified EHR technology.	Numerator = 100 Denominator = 101	<input type="button" value="Edit"/>
Maintain active medication list.	More than 80% of all unique patients seen by the EP have at least one entry (or an indication that the patient is not currently prescribed any medication) recorded as structured data.	Numerator = 100 Denominator = 101	<input type="button" value="Edit"/>
Maintain active medication allergy list.	More than 80% of all unique patients seen by the EP have at least one entry (or an indication that the patient has no known medication allergies) recorded as structured data.	Numerator = 100 Denominator = 101	<input type="button" value="Edit"/>

To edit information, select the **Edit** button next to the measure that you would like to edit. Please select the **Previous** button to go back a topic or the **Next Topic** button to proceed to the next topic. Select the **Return to Attestation Summary** button to return to the Attestation Summary page. Select the **Continue with Attestation** button to skip viewing the Attestation Summary and proceed with your attestation.

Submission Process: Attestation Statements



[My Account](#) | [Log Out](#) | [Help](#)

Welcome Your Name

Home | Registration | **Attestation** | Status

Submission Process: Attestation Statements

Attestation Statements

You are about to submit your attestation for EHR Certification Number
00000000000

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 EP.
- The information submitted is accurate and complete for numerators, denominators, exclusions and measures applicable to the EP.
- The information submitted includes information on all patients to whom the measure applies.
- A zero was reported in the denominator of a measure when an EP did not care for any patients in the denominator population during the EHR reporting period.

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

Your Name
Tax Identifier: XXX-XX-6224 (SSN)
NPI: 0000000000
Program Year: 2012

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

[My Account](#) | [Log Out](#) | [Help](#)

Welcome Your Name

Home

Registration

Attestation

Status

Attestation Disclaimer

General Notice

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

Signature of Eligible Professional

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

USER WORKING ON BEHALF OF A PROVIDER: I certify that I am attesting on behalf of a provider who has given me authority to act as his/her agent. I understand that both the provider and I can be held personally responsible for all information entered. I understand that a user attesting on behalf of a provider must have an Identity and Access Management system web user account associated with the provider for whom he/she is attesting.

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

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

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

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

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

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

Agree

Disagree

Your Name

Tax Identifier: XXX-XX-6224 (SSN)

NPI: 0000000000

Program Year: 2012

Read the disclaimer and choose AGREE to continue your attestation

Submission Receipt



Home Registration **Attestation** Status

Submission Receipt

Accepted Attestation
The EP 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 **Review Results** button below to view all measures. Select the Status Tab for additional information about your EHR incentive program participation.

Attestation Tracking Information
Attestation Confirmation Number: 1000041378
Name: John Doe, MD
TIN: XXX-XX-6224 (SSN)
NPI: 00000000000
EHR Certification Number: 00000000000000
EHR Reporting Period: 01/01/2012 - 04/01/2012
Attestation Submission Date: 12/22/2011
Reason for Attestation: You are a Medicare Eligible Professional modifying an attestation for the EHR Incentive Program.

Please select the **Print Receipt** button to print this page.

Your Name
Tax Identifier: XXX-XX-6224 (SSN)
NPI: 00000000000
Program Year: 2012

Click on Review Results to view the Summary and Detail of the Measures

Print this page for your records

Your attestation is now locked and cannot be edited

Welcome Your Name

Home

Registration

Attestation

Status

Submission Receipt

Rejected Attestation

The EP 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.
- One or more of the meaningful use menu measures 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.

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

Please select the **Review Results** button below to view all measures. Select the Status Tab for additional information about your EHR incentive program participation.

Attestation Tracking Information

Attestation Confirmation Number: 1000041378

Name: John Doe, MD

TIN: XXX-XX-6224 (SSN)

NPI: 0000000000

EHR Certification Number: 0000000000000

EHR Reporting Period: 01/01/2012 - 04/01/2012

Attestation Submission Date: 12/22/2011

Reason for Attestation: You are a Medicare Eligible Professional modifying an attestation for the EHR Incentive Program.

Please select the **Print Receipt** button to print this page.

Print Receipt

Review Results

Your Name

Tax Identifier: XXX-XX-6224 (SSN)

NPI: 0000000000

Program Year: 2012

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

Select **Review Results** to view your entries.

Select **Print Receipt** to print the page.

Summary of Measures (rejected attestation)



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

Summary of Meaningful Use Core Measures

Attestation Submitted: 12/22/2011

Confirmation Number: 1000041378

Your Name
 Tax Identifier: XXX-XX-3568 (SSN)
 NPI: 0000000000
 Program Year: XXXX

Objective	Measure	Reason	Entered	Accepted / Rejected
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 seen by the EP have at least one medication order entered using CPOE.	This measure meets minimum standard.	99.00%	Accepted
Implement drug-drug and drug-allergy interaction checks	The EP has enabled this functionality for the entire EHR reporting period.	This measure meets minimum standard.	Yes	Accepted
Maintain an up-to-date problem list of current and active diagnoses.	More than 80% of all unique patients seen by the EP have at least one entry or an indication that no problems are known for the patient recorded as structured data.	This measure meets minimum standard.	99.00%	Rejected
Generate and transmit permissible prescriptions electronically (eRx).	More than 40% of all permissible prescriptions written by the EP are transmitted electronically using certified EHR technology.	This measure meets minimum standard.	99.00%	Accepted

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

Attestation Summary

2 Meaningful Use Core Measures

Your Name
 Tax Identifier: XXX-XX-3568 (SSN)
 NPI: 0000000000
 Program Year: XXXX

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 seen by the EP have at least one medication order entered using CPOE.	Numerator = 100 Denominator = 101	Edit
Implement drug-drug and drug-allergy interaction checks	The EP 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 seen by the EP have at least one entry or an indication that no problems are known for the patient recorded as structured data.	Numerator = 100 Denominator = 101	Edit
Generate and transmit permissible prescriptions electronically (eRx).	More than 40% of all permissible prescriptions written by the EP are transmitted electronically using certified EHR technology.	Numerator = 100 Denominator = 101	Edit
Maintain active medication list.	More than 80% of all unique patients seen by the EP have at least one entry (or an indication that the patient is not currently prescribed any medication) recorded as structured data.	Numerator = 100 Denominator = 101	Edit
Maintain active medication allergy list.	More than 80% of all unique patients seen by the EP have at least one entry (or an indication that the patient has no known medication allergies) recorded as structured data.	Numerator = 100 Denominator = 101	Edit
Record all of the following demographics: Preferred language Gender Race Ethnicity Date of birth	More than 50% of all unique patients seen by the EP have demographics recorded as structured data.	Numerator = 100 Denominator = 101	Edit
Record and chart changes in vital signs: Height Weight Blood pressure Calculate and display body mass index (BMI) Plot and display growth charts for children 2-20 years, including BMI.	More than 50% of all unique patients age 2 and over seen by the EP, height, weight and blood pressure are recorded as structure data.	Numerator = 100 Denominator = 102	Edit

Rejected Attestation



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

- Resubmit your attestation information again
- 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). This means that the eligible professional will have to recalculate numerator and denominator information



Third Party Proxy Identification & Authentication System (I&A)

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:

LOGIN

Users Working
on Behalf of an
Eligible
Professional(s)

Click CREATE A
LOGIN to obtain
an I&A web user
account

I&A Application Security Check



CMS Centers for **Medicare & Medicaid** Services [Home](#) | [Help](#)

Application Security Check

** Indicates Required Field*

This security check is used to prevent the creation of fictitious accounts. Please provide answers to the **2 security** questions listed below.

Questions	Answers
* What is 1 + 1?	<input type="text"/>
* What direction is the South Pole?	<input type="text"/>

For help with the I&A System, contact
External User Services (EUS) Help Desk 1-866-484-8049 - TTY 1-866-523-4759
EUSsupport@cgi.com

I&A Create User ID and Password



CMS Centers for Medicare & Medicaid Services

I&A - Create User ID and Password

* Indicates Required Field

Please create a User ID and password for accessing I&A and the systems that use I&A.
Creating an organization user account does not represent applying for an NPI.

* User ID:

Note: Personal information, such as a Social Security Number, should not be used as the User ID. The User ID can contain a maximum of four digits. Please note: The User ID cannot be changed.

* Password:

* Retype Password:

Note: Password must be 8-12 characters long, contain at least one letter, one number, no special characters, and not be the same as the User ID.

* Select Secret Question 1:

* Answer 1:

* Select Secret Question 2:

* Answer 2:

* Select Secret Question 3:

* Answer 3:

* Select Secret Question 4:

* Answer 4:

* Select Secret Question 5:

* Answer 5:

Note:

I&A User Profile



CMS Centers for **Medicare & Medicaid** Services [Help](#)

Application Sections

- > **User Profile**
- > Employer Information
- > Access Requests

I&A - User Profile

** Indicates Required Field*

Note: All notifications will be sent to the e-mail provided on this page.

User Profile Information:

Prefix: * **First Name:** Middle: * **Last Name:** Suffix:

Credential(s): (M.D., D.O., etc.)

* **Date of Birth:** (MM/DD/YYYY) * **Social Security Number:** (Without Dashes)

* **E-mail Address:** * **Retype E-mail Address:**

I&A Employer Information



CMS Centers for Medicare & Medicaid Services Help | Logoff

Application Sections

- > User Profile
- > **Employer Information**
- > Access Requests

I&A - Employer Information

** Indicates Required Field*

Note: Please use the Previous and Next buttons to navigate between the pages in the application.

Please enter your employer's information below. If your employer works on behalf of a provider/supplier organization, information for those provider/supplier organizations will be collected separately.

Provide Your Employer's EIN And Employer Legal Business Name/Legal Name

*** Employer EIN:**

*** Employer Legal Business Name/Legal Name:**

Employer's Mailing Address Information

*** Address Line 1: (Street Number and Name)**

Address Line 2: (e.g. Suite Number)

*** City:** *** State:** *** ZIP + 4:** -

Country:

*** Phone Number: (Without Dashes)** **Extension:** **Fax Number: (Without Dashes)**

Provide your employer's EIN, legal business name, and mailing address

I&A My Access Requests



CMS Centers for Medicare & Medicaid Services
Help | Logoff

Application Sections

- > User Profile
- > Employer Information
- > Access Requests

I&A - My Access Requests

* At least one organization is required

Note: Please use the Previous button to navigate between the pages in the application.

Note: App Type Legend: P=PECOS - Medicare Provider Enrollment; E=EHR Incentive Program

Use the button below to add the NPIs you wish to access:

Use the buttons below to select and remove NPIs before they are submitted for processing:

Provider/Supplier Organization

(navigate to [Individual Provider Access Requests](#))

App Type	Are you the Authorized Official?	Tracking ID	Organization EIN	Organization Name (LBN)	Organization NPI	Organization Practice Location	Authorized Official	Authorized Official Phone Number	Status

Individual Provider

(navigate to [Provider/Supplier Organization Access Requests](#))

App Type	Tracking ID	Provider Last Name	Provider First Name	Provider NPI	Provider Practice Location	Provider Phone Number	Status

I&A Select Request Type



CMS Centers for Medicare & Medicaid Services [Help](#) | [Logoff](#)

I&A - Select Request Type

**Indicates Required Field*

Note: Please use the Previous and Next buttons to navigate between the pages in the application.

*** Select the request type desired for the NPI being added:**

- You are the Authorized Official of the provider/supplier organization.
(The Authorized Official is responsible for managing users for the provider/supplier organization)
- You are an end user of the provider/supplier organization
- You are requesting to act on behalf of an individual provider.

Select request type: 'you are requesting to act on behalf of an individual provider'

A proxy user may only register and attest for 300 eligible professionals

I&A Application Type and NPI



CMS Centers for Medicare & Medicaid Services

Help | Logoff

I&A - Select Application Type

* Indicates Required Field

Note: Please use the Previous and Next buttons to navigate between the pages in the application.

* **Select Application Type**

EHR Incentive Program

< Previous

CMS Centers for Medicare & Medicaid Services

Help | Logoff

I&A - Individual Provider NPI

* Indicates Required Field

Note: Please use the Previous button to navigate between the pages in the application.

* **Please provide the individual provider's NPI:** 1234567890 Search

The following provider information was found:

NPI:	1234567890
Provider First name:	John
Provider Last Name:	Doe
Street:	123 Any Street
City:	Anywhere
State/Foreign Province:	MD
ZIP:	21136

< Previous Save Save & Add Another

Select Application Type:
EHR Incentive Program

Enter the EP's NPI to
search for the EP

I&A My Access Requests



CMS Centers for Medicare & Medicaid Services Help | Logoff

I&A - My Access Requests

* At least one organization is required

Note: Please use the Previous button to navigate between the pages in the application.

Note: App Type Legend: P=PECOS - Medicare Provider Enrollment; E=EHR Incentive Program

Use the button below to add the NPIs you wish to access:

Use the buttons below to select and remove NPIs before they are submitted for processing:

Provider/Supplier Organization

(navigate to [Individual Provider Access Requests](#))

App Type	Are you the Authorized Official?	Tracking ID	Organization EIN	Organization Name (LBN)	Organization NPI	Organization Practice Location	Authorized Official	Authorized Official Phone Number	Status
Individual Provider									
(navigate to Provider/Supplier Organization Access Requests)									
App Type	Tracking ID	Provider Last Name	Provider First Name	Provider NPI	Provider Practice Location	Provider Phone Number	Status		
<input type="checkbox"/>	E		Doe	John	1234567890	123 Any Street Anywhere, MD 21136	4445551212		

The EP must log into the I&A system and approve your request
 Notify the EP that you have requested access
 At this time there is not an automated email notification of the I&A system

EP Path to Payment



- Make sure that you are eligible for the Medicare or Medicaid EHR Incentive Program
- Register on the CMS website
- Adopt, implement, upgrade (Medicaid) or Meaningfully use (Medicare or Medicaid) certified Electronic Health Record (EHR) technology
- Obtain your EHR certification number from the Office of the National Coordinator for Health Information Technology (ONC) Certified HIT Product List (CHPL) website
- Complete attestation for CMS (Medicare) or State (Medicaid)

Helpful Resources



- www.cms.gov/EHRIncentivePrograms
 - An Introduction to the Medicare EHR Incentive Program for Eligible Professionals.
 - Frequently Asked Questions (FAQs)
 - Final Rule
 - Meaningful Use Attestation Calculator
 - Registration & Attestation User Guides
 - Listserv
- HHS Office of National Coordinator Health IT - certified EHR technology list
<http://healthit.hhs.gov/CHPL>

Troubleshooting



EHR Information Center Help Desk
(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)

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

*Identification & Authentication System (I&A) Help Desk for assistance, PECOS External User Services (EUS) Help Desk Phone: 1-866-484-8049 – TTY 1-866-523-4759
E-mail: EUSsupport@cgi.com*

Questions & Answers



Evaluate Your Experience with Today's National Provider Call

To ensure that the National Provider Call (NPC) Program continues to be responsive to your needs, we are providing an opportunity for you to evaluate your experience with today's NPC. Evaluations are anonymous and strictly voluntary.

To complete the evaluation, visit <http://npc.blhtech.com/> and select the title for today's call from the menu.

All registrants will also receive a reminder email within two business days of the call. Please disregard this email if you have already completed the evaluation.

We appreciate your feedback!

