

## Attestation Amendment Form for the Medicare EHR Incentive Program

The purpose of this form is for eligible professionals (EPs), eligible hospitals and critical access hospitals (CAHs) to provide CMS with modifications to their meaningful use attestation.

Name:

Business Address/City/State/ZIP:

Business Phone:

Alternate Phone:

Email:

Individual NPI:

Payee NPI:

Original Attestation Date:

Choose one:  EP |  Eligible Hospital |  CAH

Description of Issue:

### Supporting Data

#### Meaningful Use Measures

*Please fill out the appropriate Attestation Worksheet and return the worksheet and the signed copy of this form to CMS.*

- Attestation Worksheet for Eligible Professionals  
<http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/downloads/EP-Attestation-Worksheet.pdf>
- Attestation Worksheet for Eligible Hospitals and CAHs  
<http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/downloads/Hospital-Attestation-Worksheet.pdf>



## Clinical Quality Measures

*Please include a Clinical Quality Measures report, generated by your certified EHR technology, for your EHR reporting period.*

### Attestation Amendment Statement

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

**Signature:**

**Date:**

*Upload your Attestation Worksheet, clinical quality measures report, and your signed attestation statement and electronically submit it to CMS using the instructions below. Please retain a copy of this documentation for your records.*

1. Go to <https://questions.cms.gov/newrequest.php>. Select “Electronic Health Record Incentive Programs,” then choose “Registration and Attestation.”
2. At the top of the page, click “Enter your e-mail address or remain anonymous.” Enter the requested information and click “Next.”
3. Enter your request, and upload your documentation using the “Attach file” link beneath the text box.

*CMS will review your documentation and correct the attestation information. We will contact you when the process is complete. Thank you.*

