

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

National Provider Call
September 9, 2011

Agenda

- Path to Payment
 - Register
 - Attest
 - Payments
- Highlights of the Registration and Attestation Processes
- Third Party Proxy
- Trouble shooting
- 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 Medicine
Doctors of Osteopathy
Doctors of Dental Medicine or
Surgery

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



U.S. Department of Health & Human Services www.hhs.gov

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EHR Incentive Programs	Overview
<ul style="list-style-type: none">» Overview» Path to Payment» <u>Eligibility</u>» <u>Registration</u>» Certified EHR Technology» CMS EHR Meaningful Use Overview» Attestation» Medicare and Medicaid EHR Incentive Program Basics» Medicaid State Information» Medicare Advantage» Spotlight and Upcoming Events» Educational Materials» EHR Incentive Program Regulations and Notices» CMS EHR Incentive Programs Listserv» Frequently Asked Questions (FAQs)	<p>The Official Web Site for the Medicare and Medicaid Electronic Health Records (EHR) Incentive Programs</p> <p>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.</p> <p>Registration for the Medicare and Medicaid EHR Incentive Program is now open. Participate early to get the maximum incentive payments!</p> <p>Attestation for the Medicare EHR Incentive Program is now open. Visit the Attestation page for more information.</p> <p>Check on the links below for up-to-date, detailed information about the Electronic Health Record (EHR) Incentive Programs.</p> <ul style="list-style-type: none">• 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


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EHR Incentive Programs


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- » CMS EHR Incentive Programs Frequently Asked Questions (FAQs)

Registration and Attestation

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. You can register before you have a certified EHR. Register even if you do not have an enrollment record in PECOS.

[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 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](#) .

Note: 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](#).

[What can you do now for the Medicare and Medicaid EHR Incentive Programs?](#)

[What information will you need when you register?](#)

Registration
User Guides

EHR Incentive Program Registration Module - Login

Login

Login Instructions

(*) Red asterisk indicates a required field.

Eligible Professionals (EP)

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

Eligible Hospitals

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

Account Management

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

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

* User ID:

* Password:

LOGIN 

Enter the
NPPES web
User ID and
Password

User ID and
Password are
case sensitive



Medicare & Medicaid EHR Incentive Program Registration and Attestation System

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

Welcome **Nichole Davick**

Last Successful Login: 03/22/2011 | Unsuccessful Login Attempts: 0

Notifications

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

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

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

Instructions

Select any tab to continue.

Registration Tab

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

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

Tabs will guide users through each phase



Medicare & Medicaid EHR Incentive Program Registration and Attestation System



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Registrations

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.

Name ↕	Tax Identifier ↕	National Provider Identifier (NPI) ↕	Incentive Type ↕	Registration Status ↕	Action
Nichole Davick	XXX-XX-2454 (SSN)	1174853675	Medicare	In Progress	Register Modify or Cancel

Medicare Questionnaire



Home Registration Attestation Status Account Management

EHR Incentive Program

Incentive Program Questionnaire

(*) Red asterisk indicates a required field.

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

* Please select your Incentive Program

☒ Medicare ☐ Medicaid

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

* Please select your Eligible Professional Type:

The EHR incentive programs require the use of EHR technology certified for this program. For more information about certified EHRs, visit the [CMS Website](#)

* Do you have a certified EHR?

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.

☒ Yes ☐ No

EHR Certification Number (Optional):

[What is an EHR Certification Number?](#)

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 Account Management

EHR Incentive Program

Incentive Program Questionnaire

(*) Red asterisk indicates a required field.

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

***Please select your Incentive Program**

☐ Medicare ☒ Medicaid

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

***Medicaid State/Territory:** [Why is my state not here?](#)

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

The EHR incentive programs require the use of EHR technology certified for this program. For more information about certified EHRs, visit the [CMS Website](#)

***Do you have a certified EHR?**

☐ Yes ☒ No

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.

SELECT

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

Personal Information



Personal Information

Name

First Name: Nichole
Middle Name:
Last Name: Davick
Suffix:

Medicare
Information
is pulled
from PECOS

Identifiers

(*) Red asterisk indicates a required field.

Please note, the tax identification number captured below will receive the EHR incentive payment.
123456789

Social Security Number (SSN): XXX-XX-2454 (SSN)

National Provider Number (NPI): 1174853675

* Payee TIN Type:

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:

* Group Name:

Sunset Physicians, Inc.
Pacific Providers

Payee TIN:

* 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.



Medicare & Medicaid EHR Incentive Program Registration and Attestation System

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Business Address & Phone

(*) 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.

*Address Line 1:

Address Line 2:

*City:

*State:

*ZIP+4: -

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

*E-Mail Address:

*Confirm E-Mail
Address:

[PREVIOUS PAGE](#)

[SAVE AND 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.

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 11283, provides penalties for withholding this information.

AGREE

DISAGREE

Read the
Registration
Disclaimer
and choose
AGREE or
DISAGREE

Medicare Successful Submission

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Submission Receipt

Successful Submission
You have successfully registered for the EHR Incentive Payment Program.
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: 1000001063
Name: Jane Doe
Submitted Date: 12/07/2010
Reason(s) for Submission:

- You are an Eligible Professional registering in the incentive program.
- You have modified your registration information.

[PRINT](#) [RETURN TO HOME](#)

This
completes
your
registration

Print the
receipt for
your records

Medicaid Successful Submission

This completes your registration

Print the receipt for your records

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Submission Receipt

Successful Submission
You have successfully registered for the EHR Incentive Payment Program.
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: 1000000703
Name: John Doe
Submitted Date: 12/14/2010
Reason(s) for Submission:

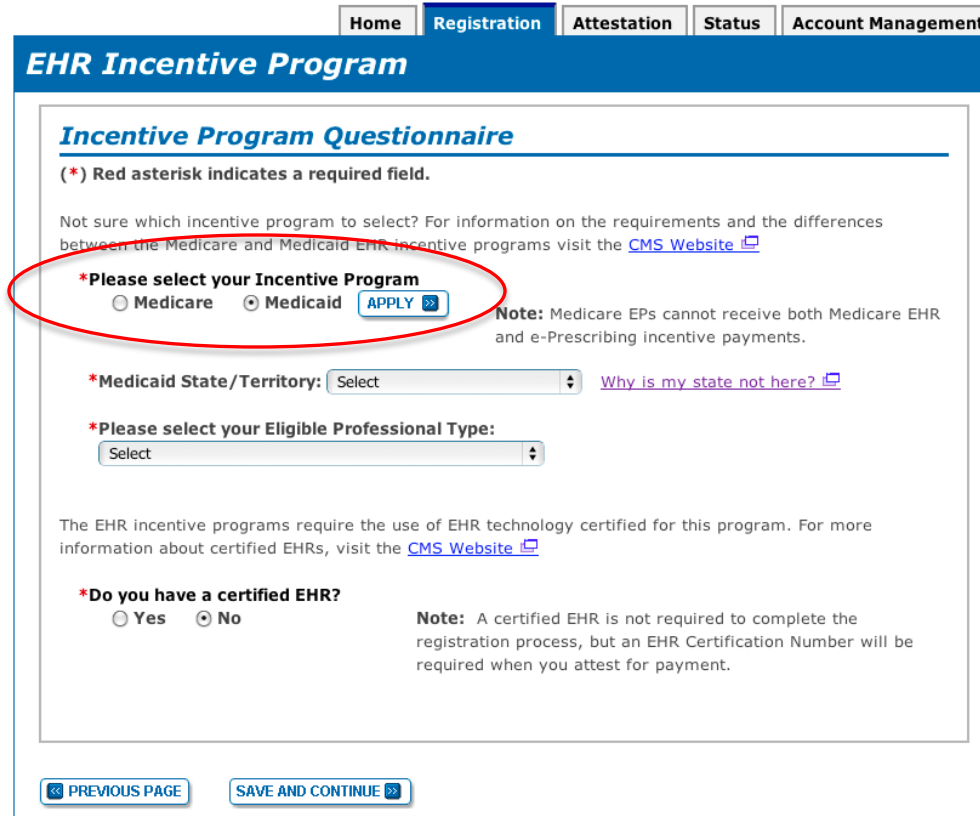
- You are an Eligible Professional registering in the incentive program.
- You have decided to resubmit your registration information.

[PRINT](#) [RETURN TO HOME](#)

The State Medicaid agency will collect and verify additional eligibility information. After 24 hours, continue to your State's EHR Incentive Program website

Switching between Programs

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

A screenshot of the 'EHR Incentive Program' registration questionnaire. The page has a blue header with navigation tabs: Home, Registration (selected), Attestation, Status, and Account Management. The main content area is titled 'Incentive Program Questionnaire'. It includes a note about red asterisks indicating required fields. A section titled '*Please select your Incentive Program' has radio buttons for Medicare and Medicaid, with the Medicaid option selected and an 'APPLY' button next to it. Below this is a dropdown for '*Medicaid State/Territory:' with a 'Why is my state not here?' link. Another dropdown is for '*Please select your Eligible Professional Type:'. At the bottom, there's a question '*Do you have a certified EHR?' with Yes/No radio buttons. A note at the bottom right states that a certified EHR is not required for registration but is needed for payment. Navigation buttons at the bottom are 'PREVIOUS PAGE' and 'SAVE AND CONTINUE'.

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 list that the EP reassigned Medicare benefits to in PECOS)

Personal Information

Name

First Name: Nichole

Middle Name:

Last Name: Davick

Suffix:

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-2454 (SSN)

National Provider Number (NPI): 1174853675

* Payee TIN Type: SSN APPLY >>

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 >>

Sunset Physicians, Inc.
Pacific Providers

Payee TIN:

* Payee NPI:

PREVIOUS PAGE
SAVE AND CONTINUE >>

Medicare Attestation

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Welcome

Last Successful Login: 03/11/2011 | Unsuccessful Login Attempts: 0

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

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

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

Instructions
Select any tab to continue.

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

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

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

Medicare

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

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

Medicare Attestation Instructions



Home Registration **Attestation** Status Account Management

Medicare Attestation

Medicare Attestation Instructions

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

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

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

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

Medicare Attestation Selection

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

Name ↕	Tax Identifier ↕	National Provider Identifier (NPI) ↕	Medicare Attestation Status ↕	Program Year ↕	Payment Year ↕	Action
Jane Doe	52-123456	123456789		-	-	Attest

There are
five
attestation
actions

Choose
ATTEST to
begin the
attestation
process



Topics for this Attestation

Reason for Attestation

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

Topics

The data required for this attestation is grouped into topics. In order to complete your attestation, you must complete ALL of the following topics. The Alternate Core Clinical Quality Measure (CQM) is only required if any Core CQM has a denominator of zero. Select the START ATTESTATION button to begin your attestation. The system will show checks for each item when completed.

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

Note:

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

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

Attestation Information



Medicare & Medicaid EHR Incentive Program Registration and Attestation System

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Attestation Information

Attestation Information

(*) Red asterisk indicates a required field.

Name: John Doe

TIN: XXX-XX-3829 (SSN)

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:

*EHR Reporting Period Start

Date (mm/dd/yyyy):

*EHR Reporting Period End

Date (mm/dd/yyyy):

EHR reporting period

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

[PREVIOUS PAGE](#)

[SAVE AND CONTINUE](#)

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 Account Management

Meaningful Use Core Measures

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 CPOE.

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

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

☒ This data was extracted only from patient records maintained using certified EHR technology.

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

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

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Some measures require whether data that you indicate 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

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Meaningful Use Core Measures

Questionnaire: (4 of 15)

(*) Red asterisk indicates a required field.

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.

***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.

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

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:**

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

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

Meaningful Use Core Measures

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Meaningful Use Core Measures

Questionnaire: (11 of 15)

(*) Red asterisk indicates a required field.

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:

☒ Yes ☐ No

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These objectives must be reported and there are no exclusions to reporting these measures

Meaningful Use Core Measures

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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:

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Enter
numerator
and
denominator
for the
measure

Numerator
and
denominator
must be
positive
whole
numbers



Meaningful Use Menu Measures



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Meaningful Use Menu Measures

Questionnaire

Instructions:

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

If an EP meets the criteria for and can claim an exclusion for both of the public health menu measures, the EP must still select one public health menu measure and attest that the EP qualifies for the exclusion. The EP must then select any other four measures from the menu measures, which can be any combination of the remaining public health menu measures or from the additional Meaningful Use Menu Measures in the list below. CMS encourages EPs to select menu measures that are relevant to their scope of practice and to claim an exclusion for a menu measure only in cases where there are no remaining menu measures for which they qualify or if there are no remaining menu measures that are relevant to their scope of practice.

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"/>
Capability to submit electronic syndromic surveillance data to public health agencies and actual submission in accordance with applicable law and practice.	Performed at least one test of certified EHR technology's capacity to provide electronic syndromic surveillance data to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which an EP submits such information have the capacity to receive the information electronically).	<input type="checkbox"/>

Select up to two from the Public Health Measures

Additional Measures



You must submit additional menu measure objectives until a total of five Meaningful Use Menu Measure Objectives have been selected, even if an Exclusion applies to all of the menu measure objectives that are selected (total of five includes the public health menu measure objectives):

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 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 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 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 EP's 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 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"/>

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CONTINUE

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

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



Public Health Menu Measure



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Meaningful Use Menu Measures

Questionnaire: (1 of 5)

(*) Red asterisk indicates a required field.

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

Measure: Performed at least one test of certified EHR technology's capacity to submit electronic data to immunization registries and follow up submission if the test is successful (unless none of the immunization registries to which the 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

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Public Health Menu Measure

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Meaningful Use Menu Measures

Questionnaire: (2 of 5)

(*) Red asterisk indicates a required field.

Objective: Capability to submit electronic syndromic surveillance data to public health agencies and actual submission in accordance with applicable law and practice.

Measure: Performed at least one test of certified EHR technology's capacity to provide electronic syndromic surveillance data to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which an EP submits such information have the capacity to receive the information electronically).

EXCLUSION 1 - Based on ALL patient records: If an EP does not collect any reportable syndromic information on their patients during the EHR reporting period, then the EP is 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 public health agency that has the capacity to receive the information electronically, then the EP is 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 provide electronic syndromic surveillance data to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which an EP submits such information have the capacity to receive the information electronically)?

☒ Yes
 ☐ No

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Menu Measure

Exclusions example

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Meaningful Use Menu Measures

Questionnaire: (3 of 5)

(*) Red asterisk indicates a required field.

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

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Menu Measure

Patient Records example



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Meaningful Use Menu Measures

Questionnaire: (5 of 5)

(*) 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

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Menu Measure

Numerator and Denominator example

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Meaningful Use Menu Measures

Questionnaire: (4 of 5)

(*) Red asterisk indicates a required field.

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:

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Core Clinical Quality Measures



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Core 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:

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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

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Core 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 / PQRS 114

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:

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Core Clinical Quality Measures

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Core Clinical Quality Measures

Questionnaire: (3 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 0421 / PQRS 128

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:

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

*Exclusion
refers to the
patient
population

Alternate Clinical Quality Measures



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Alternate Clinical Quality Measures

Questionnaire

Instructions:

You have entered a denominator of zero for one of your Core Clinical Quality Measures. You must submit one Alternate Core Clinical Quality Measure.

Please select one Alternate Clinical Quality Measure 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.

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 type="checkbox"/>
NQF 0041 / PQRS 110	Title: Preventive Care and Screening: Influenza Immunization for Patients ≥ 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 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 type="checkbox"/>

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

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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

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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.

[DESELECT ALL](#)

Measure #	Title	Description	Selection
NQF 0059 / PQRS 1	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 / PQRS 2	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 / PQRS 3	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 / PQRS 5	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 / PQRS 7	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 / PQRS 111	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 / PQRS 112	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 / PQRS 113	Title: Colorectal Cancer Screening	Description: Percentage of adults 50-75 years of age who had appropriate screening for colorectal cancer.	<input type="checkbox"/>

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

Additional Quality Measures

Additional Clinical Quality Measures

Questionnaire: (1 of 3)

(*) Red asterisk indicates a required field.

NQF 0059 / PQRS 1

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:



Please select the **PREV**

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

Additional Clinical Quality Measures

Questionnaire: (2 of 3)

(*) Red asterisk indicates a required field.

NQF 0034 / PQRS 113

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:



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

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Topics for this Attestation



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Topics for this Attestation

Reason for Attestation

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

Topics

The data required for this attestation is grouped into topics. In order to complete your attestation, you must complete ALL of the following topics. The Alternate Core Clinical Quality Measure (CQM) is only required if any Core CQM has a denominator of zero. Select the MODIFY ATTESTATION button to modify any previously entered information. The system will display check marks for those item(s) completed.

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

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

[<< PREVIOUS PAGE](#) [MODIFY ATTESTATION >>](#) [PROCEED WITH ATTESTATION >>](#)

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

Choose PROCEED WITH ATTESTATION to review the summary of measures or MODIFY ATTESTATION to start the process from the Attestation Information screen

Summary of Measures

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Summary of Measures

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

[Meaningful Use Core Measures List Table](#)
[Meaningful Use Menu Measures List Table](#)
[Clinical Quality Measures List Table](#)

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

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

Summary of Measures

Meaningful Use Core Measure List Table



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Summary of Measures

Meaningful Use Core Measure List Table

Objective	Measure	Entered	Select
Use computerized provider order entry (CPOE) for medication orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines.	More than 30% of all unique patients with at least one medication in their medication list seen by the EP have at least one medication order entered using CPOE.	Excluded	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 = 80 Denominator = 100	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.	Excluded	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 = 80 Denominator = 100	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	Numerator = 80 Denominator = 100	EDIT

Edit your entries before attesting

Modify each Measure Individually

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Meaningful Use Core Measures

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).

***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.

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

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

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Summary of Measures, continued



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Summary of Measures

Meaningful Use Menu Measure List Table

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

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

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

Choose
NEXT PAGE to
review and
edit the
remaining
measures

When
complete,
choose
CONTINUE TO
ATTEST



Submission Process: Attestation Statements



Medicare & Medicaid EHR Incentive Program Registration and Attestation System

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Submission Process: Attestation Statements

Attestation Statements

You are about to submit your attestation for EHR Certification Number **123456789123456**.

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 **DISAGREE** button to go to the Home Page (your attestation will not be submitted), or the **AGREE** button to proceed with the attestation submission process.

DISAGREE

AGREE

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

Attestation Disclaimer



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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.

Read the disclaimer and choose AGREE to continue your attestation

Submission Receipt



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

Attestation Tracking Information

Attestation Confirmation Number: 1000002373

Name: John Doe

TIN: XXX-XX-6873 (SSN)

NPI: 1234567890

EHR Certification Number: 30000001SVJ6EAK

EHR Reporting Period: 01/12/2011 - 05/19/2011

Attestation Submission Date: 03/16/2011

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

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

[PRINT](#)

[SUMMARY OF MEASURES](#)

[HOME](#)

Print this page for your records

Your attestation is locked and cannot be edited

Rejected Attestation

Home	Registration	Attestation	Status	Account Management
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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.

Attestation Tracking Information

Attestation Confirmation Number: 1000002356

Name: John Doe

TIN: XXX-XX-1334 (SSN)

NPI: 1234567890

EHR Certification Number: jf87hdlp09dnvhj

EHR Reporting Period: 01/01/2011 - 04/01/2011

Attestation Submission Date: 03/15/2011

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

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

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

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

Choose SUMMARY OF MEASURES to review your entries

Summary of Measures (rejected attestation)

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

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

[HOME](#)
[NEXT PAGE >>](#)

Rejected Attestation

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

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

Review your documentation

- If an error is found correct and re-submit

You may submit an attestation for a different reporting period during the first payment year to successfully demonstrate meaningful use

- The 90-day reporting period can be a day later (example 03/01/11 through 05/31/11 versus 03/02/11 through 06/01/11). That will mean that 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 CREAT A
LOGIN to obtain
an I&A web user
account

I&A Application Security Check

 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

 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

 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:

Next >

I&A Employer Information

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

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

I&A My Access Requests

 Centers for Medicare & Medicaid Services

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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](#))

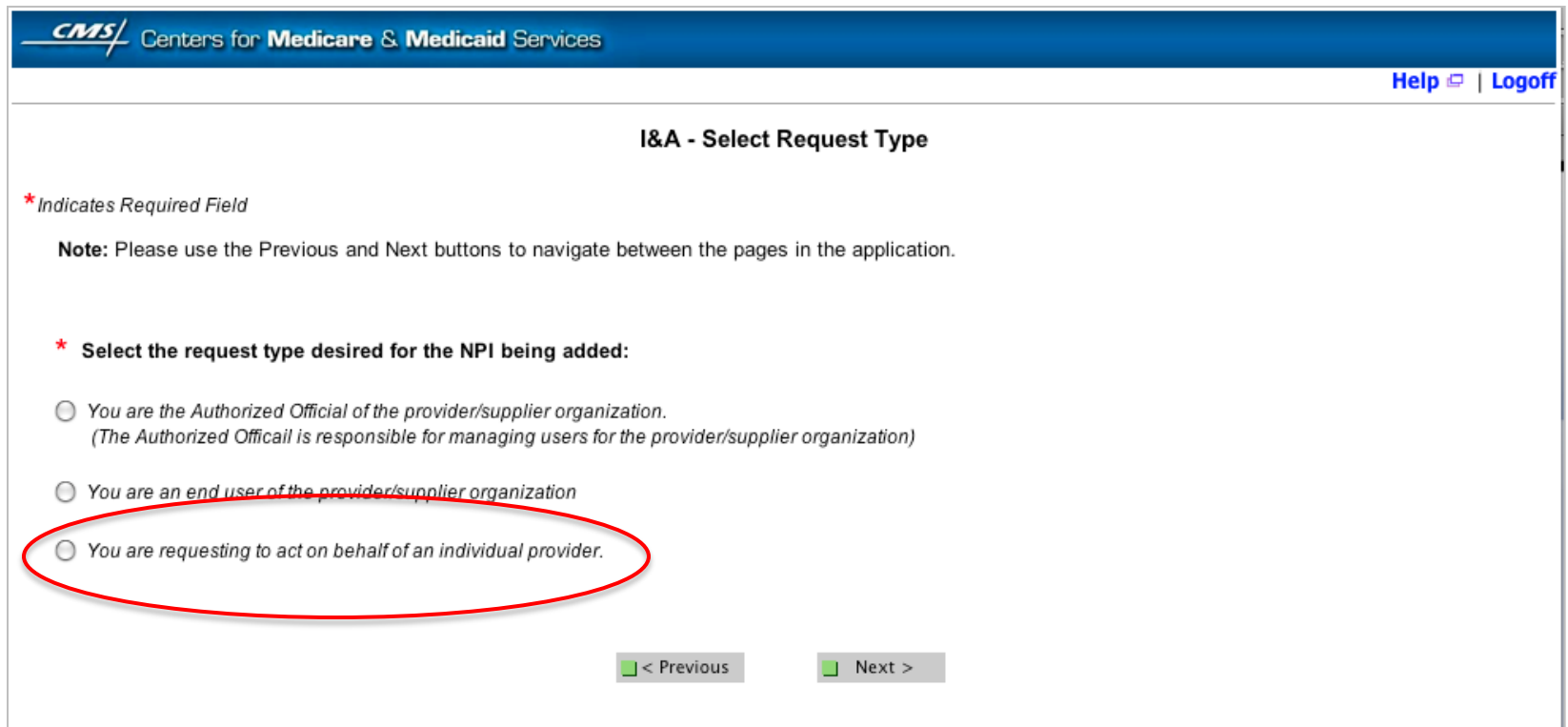
App Type	Are you the Authorized Official?	Tracking ID	Organization EIN	Organization Name (LBN)	Organization NPI	Organization Practice Location	Authorized Official	Authorized Official Phone Number	Status
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Individual Provider

(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
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I&A Select Request Type



The screenshot shows a web application interface for the Centers for Medicare & Medicaid Services (CMS). The header bar is blue with the CMS logo and text. The main content area is white. At the top right of the header, there are links for 'Help' and 'Logoff'. The main title of the page is 'I&A - Select Request Type'. Below this, there is a note about required fields and a navigation instruction. The main section is titled 'Select the request type desired for the NPI being added:' and contains three radio button options. The third option, 'You are requesting to act on behalf of an individual provider.', is circled in red. At the bottom, there are two buttons: '< Previous' and 'Next >'.

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.

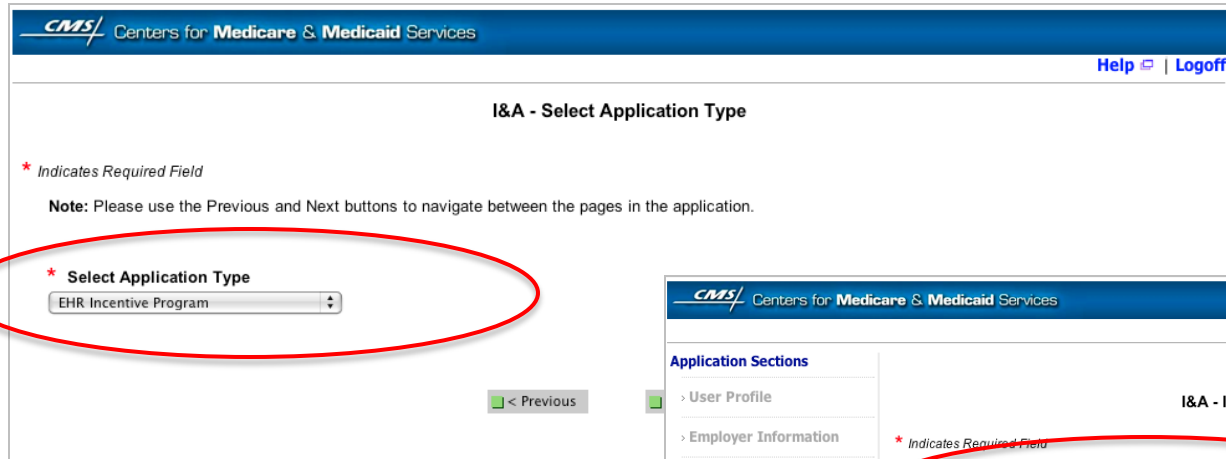
* Select the request type desired for the NPI being added:

- ☐ 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.

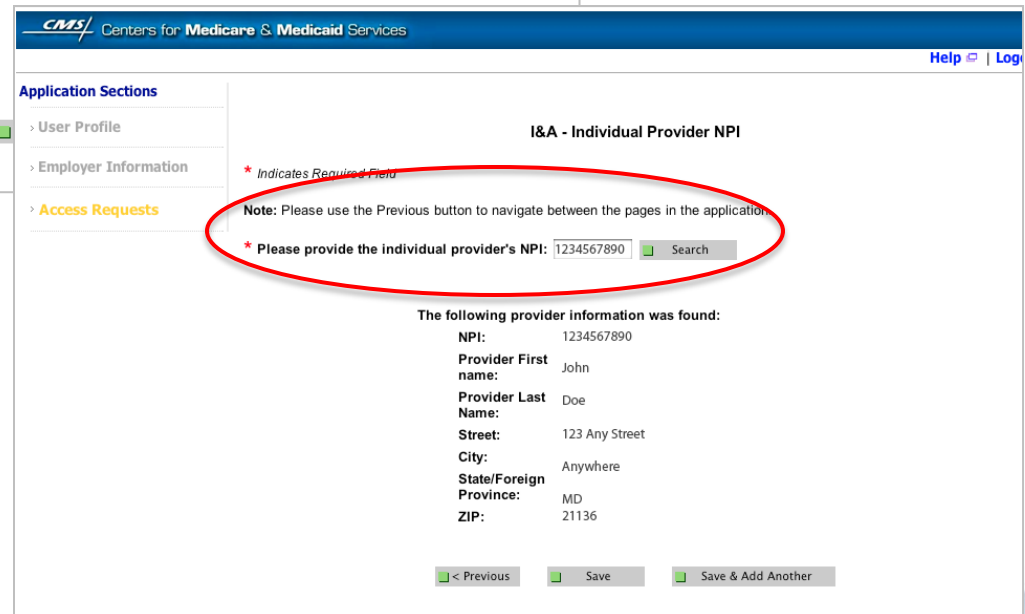
* **Select Application Type**

EHR Incentive Program

< Previous

Select Application Type:
EHR Incentive Program

Enter the EP's NPI to
search for the EP



CMS/ Centers for Medicare & Medicaid Services

Help | Log

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

I&A My Access Requests

 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
<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 you are eligible for the Medicare or Medicaid EHR Incentive Program
- Get registered on the CMS website
- Adopt, implement or 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

- CMS EHR Incentive Program website
www.cms.gov/EHRIncentivePrograms
 - 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://nppe.cms.hhs.gov/NPPE/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

User Guides and Other Resources

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

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

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

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

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

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

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

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

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Questions & Answers