



STAGE 2 ATTESTATION USER GUIDE

For Eligible Hospitals and
Critical Access Hospitals

Medicare Electronic Health Record (EHR) Incentive Program



Updated February 2014



CONTENTS

Step 1	..... Getting Started	4
Step 2	..... Login Instruction	6
Step 3	..... Attestation Instructions	8
Step 4	..... Topics for this Attestation	9
Step 5	..... Attestation Information	10
Step 6	..... Meaningful Use Core Measures Questionnaire (1 of 16)	11
Step 7	..... Meaningful Use Core Measures Questionnaire (2 of 16)	14
Step 8	..... Meaningful Use Core Measures Questionnaire (3 of 16)	15
Step 9	..... Meaningful Use Core Measures Questionnaire (4 of 16)	15
Step 10	..... Meaningful Use Core Measures Questionnaire (5 of 16)	17
Step 11	..... Meaningful Use Core Measures Questionnaire (6 of 16)	18
Step 12	..... Meaningful Use Core Measures Questionnaire (7 of 16)	18
Step 13	..... Meaningful Use Core Measures Questionnaire (8 of 16)	19
Step 14	..... Meaningful Use Core Measures Questionnaire (9 of 16)	20
Step 15	..... Meaningful Use Core Measures Questionnaire (10 of 16)	20
Step 16	..... Meaningful Use Core Measures Questionnaire (11 of 16)	21
Step 17	..... Meaningful Use Core Measures Questionnaire (12 of 16)	22
Step 18	..... Meaningful Use Core Measures Questionnaire (13 of 16)	24
Step 19	..... Meaningful Use Core Measures Questionnaire (14 of 16)	25
Step 20	..... Meaningful Use Core Measures Questionnaire (15 of 16)	26
Step 21	..... Meaningful Use Core Measures Questionnaire (16 of 16)	26
Step 22	..... Meaningful Use Measures – Questionnaire	27
Step 23	..... Reporting Clinical Quality Measures (CQMs)	31
Step 24	..... Clinical Quality Measures (CQMs)	32
Step 25	..... Clinical Quality Measures (CQMs 1 of 16)	33
Step 26	..... Clinical Quality Measures (CQMs 2 of 16)	34
Step 27	..... Clinical Quality Measures (CQMs 3 of 16)	35
Step 28	..... Clinical Quality Measures (CQMs 4 of 16)	35
Step 29	..... Clinical Quality Measures (CQMs 5 of 16)	36

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

CONTENTS (cont.)

Step 30	Clinical Quality Measures (CQMs 6 of 16)	36
Step 31	Clinical Quality Measures (CQMs 7 of 16)	37
Step 32	Clinical Quality Measures (CQMs 8 of 16)	37
Step 33	Clinical Quality Measures (CQMs 9 of 16)	38
Step 34	Clinical Quality Measures (CQMs 10 of 16)	39
Step 35	Clinical Quality Measures (CQMs 11 of 16)	40
Step 36	Clinical Quality Measures (CQMs 12 of 16)	41
Step 37	Clinical Quality Measures (CQMs 13 of 16)	42
Step 38	Clinical Quality Measures (CQMs 14 of 16)	42
Step 39	Clinical Quality Measures (CQMs 15 of 16)	43
Step 40	Clinical Quality Measures (CQMs 16 of 16)	44
Step 41	Topics for Attestation	45
Step 42	Attestation Summary	45
Step 43	Submission Process: Attestation Statements	48
Step 44	Status Selection	49
Step 45	Attestation Disclaimer	51
Step 46	Attestation Batch Upload	52
Step 47	Submission Receipt – Accepted Attestation	53
Step 48	Submission Receipt – Rejected Attestation	54
Step 49	Attestation Summary – Rejected Attestation	55
Step 50	Cancel Attestation	56
Questions/Help		57
Acronym translation		58

Disclaimer

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

Although every reasonable effort has been made to assure the accuracy of the information within these pages at the time of posting, the Medicare program is constantly changing, and it is the responsibility of each eligible hospital to remain abreast of the Medicare program requirements. Medicare regulations can be found on the CMS Web site at <http://www.cms.gov>. Specific information about the Medicare and Medicaid EHR Incentive Programs can be found at <http://www.cms.gov/EHRIncentivePrograms>.

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



Step 1 – Getting Started

Medicare Eligible Hospitals, Medicare & Medicaid Eligible Hospitals and Critical Access Hospitals (CAHs) must attest to Stage 2 of meaningful use of certified electronic health record (EHR) technology using this ATTESTATION module.

Medicaid- only eligible hospitals should contact their states for information about how to attest.

This is a step-by-step guide for the Medicare Eligible Hospitals Stage 2 EHR Incentive Program ATTESTATION module. This guide will help you navigate the Attestation module. The user guide page layout consists of the attestation screen on the left side of the page and written instructions with helpful tips on the bottom of the page.

STEPS

Enter the EHR Incentive Program URL (located at the top of the page) into your web browser

Click **Continue** to start the attestation process

Medicare & Medicaid EHR Incentive Program Registration and Attestation System

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

About This Site

The Medicare and Medicaid Electronic Health Records (EHR) Incentive Programs will provide incentive payments to eligible professionals and eligible hospitals as they demonstrate adoption, implementation, upgrading, or meaningful use of certified EHR technology. These incentive programs are designed to support providers in this period of Health IT transition and instill the use of EHRs in meaningful ways to help our nation to improve the quality, safety, and efficiency of patient health care.

This web system is for the Medicare and Medicaid EHR Incentive Programs. Those wanting to take part in the program will use this system to register and participate in the program.

Additional Resources: For User Guides to Registration and Attestation that will show you how to complete these modules, a list of EHR technology that is certified for this program, specification sheets with additional information on each Meaningful Use objective, and other general resources that will help you complete registration and attestation, please visit [CMS website](#).

Eligible to Participate - There are two types of groups who can participate in the programs. For detailed information, visit [CMS website](#).

Overview of Eligible Professional (EP) and Eligible Hospital Types

Eligible Professionals (EPs)

Medicare EPs include:

- Doctors of Medicine or Osteopathy
- Doctors of Dental Surgery or Dental Medicine
- Doctors of Podiatric Medicine
- Doctors of Optometry
- Chiropractors

Medicaid EPs include:

- Physicians
- Nurse Practitioners
- Certified Nurse - Midwife
- Dentists
- Physicians Assistants who practice in a Federally Qualified Health Center (FQHC) or Rural Health Center (RHC) that is led by a Physician Assistant.

Further, Medicaid EPs must also:

- Have a minimum of 30% Medicaid patient volume (20% minimum for pediatricians), OR
- Practice predominantly in a FQHC or RHC and have at least 30% patient volume to needy individuals.

Medicare Advantage Organization (MAO) EPs - A qualifying MAO may receive an incentive payment for their EPs. For more information, visit [CMS website](#).

NOTE: EPs may NOT be hospital-based. This is defined as any provider who furnishes 90% or more of their services in a hospital setting (inpatient or emergency room).

Eligible Hospitals

Medicare Eligible Hospitals include:

- Subsection (d) hospitals in the 50 states or DC that are paid under the hospital inpatient prospective payment system. Hospitals in Maryland may also participate per law.
- Critical Access Hospitals (CAHs)
- Medicare Advantage Affiliated hospitals (MA-Affiliated Hospitals)

Medicaid Eligible Hospitals include:

- Acute Care Hospitals with at least 10% Medicaid patient volume. May include CAHs and cancer hospitals.
- Children's Hospitals

Continue

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



TIP

To determine your eligibility, click on the CMS website.

Step 1 - Getting Started (Cont.)

Carefully read the screen for important information.



Warning

(*) Red asterisk indicates a required field.

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

Please verify the following statements:

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

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

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

[Previous](#) [Continue](#)

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

STEPS

.....
Please read the statements on the page and check the box to indicate that you acknowledge that you are aware of the statements

Click **Continue**



TIP

For more information on the U.S. Government Information Security Policies, Standards and Procedures, click on the link in the body of the screen

Step 2– Login Instructions



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

Web Policies & Important Links

Department of Health & Human Services

[CMS.gov](#)

[Accessibility](#)

[File Formats and Plugins](#)



STEPS

If you are an Eligible Hospital, you must have an active NPI

If you do not have an NPI, you may apply for an NPI in NPPES. Click the link in the body of the screen

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's NPI

If you are working on behalf of an Eligible Hospital(s) and do not have an I&A web user account, click Create a Login in the body of the screen

Click **Log in**



TIPS

To contact the I&A help desk, call; 1(866) 484-8049 or email EUSSupport@cgi.com

To locate your NPI number, visit; <https://nppes.cms.hhs.gov/NPPES/NPIRegistryHome.do>

User name and password are case sensitive

Step 2 – Welcome screen for the EHR Incentive Program (cont.)



Medicare & Medicaid EHR Incentive Program
Registration and Attestation System

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

Welcome Your Name

STEPS

Click on the **Attestation Tab** to continue attesting for the EHR Incentive Program

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

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

Last Successful Login: 01/03/2012 | 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 Registration(s), Attestation(s), and Payment(s) for the Incentive Program

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CMS.gov | Accessibility | File Formats and Plugins



TIPS

The Welcome screen consists of **four** tabs to navigate through the attestation and registration process.

1. Home
2. Registration
3. Attestation
4. Status

Step 3 – 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	CMS Certification Number (CCN)	Medicare Attestation Status	Program Year	Payment Year	Action
YOUR HOSPITAL NAME	XX-XXXXXXX (EIN)	000000				Attest

[Web Policies & Important Links](#)

[Department of Health & Human Services](#)

[CMS.gov](#)

[Accessibility](#)

[File Formats and Plugins](#)



STEPS

Read the Attestation Instructions

Click on **Attest** in the Action column to continue the attestation process



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

Click on the **Meaningful User Information** page for detailed information about meaningful use, specification sheets for individual meaningful use objectives, e-specification sheets for clinical quality measures, and in-depth information on the EHR Incentive Program

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

Step 4 – Topics for this Attestation

The data required is grouped into four (4) topics for Attestation.

Medicare & Medicaid EHR Incentive Program
Registration and Attestation System

Log Out | Help
Welcome Your Name My Account

Home Registration **Attestation** Status

Attestation Progress

Reason for Attestation

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

YOUR HOSPITAL NAME
Tax Identifier: XX-XXXXXX (EIN)
NPI:
CCN:

Topics

The data required for this attestation is grouped into topics. In order to complete your attestation, you must complete ALL of the following topics. Select the **TOPIC** and provide the required information. The system will show when each **TOPIC** is completed.

- 1 Attestation Information** Topic Pending
- 2 Meaningful Use Core Measures** Topic Pending
- 3 Meaningful Use Menu Measures** Topic Pending
- 4 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

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CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

STEPS

Click **Continue with Attestation** to begin the attestation process



TIPS

The topics will only be marked as completed once all the information has been entered and saved. When all topics are checked completed or N/A, the user can select **“Continue with Attestation”**

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

Step 5 – Attestation Information

Attestation Information

(*) Red asterisk indicates a required field.

YOUR HOSPITAL NAME

LBN: YOUR HOSPITAL NAME
TIN: XX-XXXXXX (EIN)
CCN:

Tax Identifier: XX-XXXXXX (EIN)
NPI:
CCN:
Program Year: 2014

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

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

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

EHR Reporting Period:
Please provide the EHR reporting period associated with this attestation:
A minimum of 3 months (one quarter) must be specified for you meaningful use attestation. Please provide your EHR Reporting Period within the same calendar year. Select from one of the following options.
EHR Reporting Period :

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

Certified Health IT Product List
The Office of the National Coordinator for Health Information Technology
HealthIT.HHS.Gov

The Certified HIT Product List (CHPL) provides the authoritative, comprehensive listing of Complete EHRs and EHR Modules that have been tested and certified under the Temporary Certification Program maintained by the Office of the National Coordinator for Health IT (ONC). Each Complete EHR and EHR Module listed below has been certified by an ONC-Authorized Testing and Certification Body (ONC-ATCB) and reported to ONC. Only the product versions that are included on the CHPL are certified under the ONC Temporary Certification Program.

Please send suggestions and comments regarding the Certified Health IT Product List (CHPL) to ONC_certification@hhs.gov, with "CHPL" in the subject line. Vendors or developers with questions about their product's listing should contact the ONC-Authorized Testing and Certification Body (ONC-ATCB) that certified their product.

USING THE CHPL WEBSITE

To browse the CHPL and review the comprehensive listing of certified products, follow the steps outlined below:

- Select your practice type by selecting the Ambulatory or Inpatient buttons below
- Select the "Browse" button to view the list of CHPL products

To obtain a CMS EHR Certification ID, follow the steps outlined below:

- Select your practice type by selecting the Ambulatory or Inpatient buttons below
- Search for EHR Products by browsing all products, searching by product name or searching by criteria met
- Add product(s) to your cart to determine if your product(s) meet 100% of the required criteria
- Request a CMS EHR Certification ID for CMS registration or attestation from your cart page

STEP 1: SELECT YOUR PRACTICE TYPE

STEPS

Enter your CMS EHR Certification Number

Choose one of two methods to designate how patients are admitted to the Emergency Department

Enter the EHR Reporting Period through the drop-down menu.

To attest for the Medicare EHR Incentive Program in subsequent years, you will need to have met meaningful use for a full year

Click **Save & Continue**



TIPS

To locate your CMS EHR certification number, click on [How do I find my EHR Certification Number?](#) You will be directed to the Certified Health IT Product List (CHPL). Follow the instructions on the CHPL website. The CMS EHR Certification Number is **15** characters long. The alphanumeric number is case sensitive and is required to proceed with attestation

Emergency Department (ED) Admissions must be designated as admitted observation service method or all ED visits method. Click here for more information; http://questions.cms.hhs.gov/app/answers/detail/a_id/10126/kw/emergency%20department

TOPICS PROGRESS

This is the first of four topics required for attestation

1

2

3

4

Step 6 – Meaningful Use Core Measures – Questionnaire (1B of 16)

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

Meaningful Use Core Measures

Questionnaire: (1B of 16)

(*) Red asterisk indicates a required field.

Objective: Use computerized provider order entry (CPOE) for medication, laboratory and radiology orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local, and professional guidelines to create the first record of the order.

Measure: (A) More than 60 percent of medication orders created by authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using CPOE.

***PATIENT RECORDS:** Please select whether the data used to support the measure 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 only extracted from patient records maintained using certified EHR technology.

Complete the following information:

Numerator The number of medication orders in the denominator created by authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using CPOE.

Denominator The number of medication orders created by authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

*Numerator: *Denominator:

For additional information: [EHR Incentive Program Educational Resources](#)

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

STEPS

Select the appropriate option under Patient Records. Enter Numerator and Denominator

Click **Save & Continue**



TIPS

Patient Records: At the eligible hospital's discretion, the numerators and denominators of certain measures may be calculated using only the patient records maintained in certified EHR technology. The eligible hospital may also elect to calculate the numerators and denominators of these measures using ALL patient records. Eligible hospitals must indicate which method they used in their calculations.

Exclusion: Eligible hospitals can be excluded from meeting an objective if they meet the requirements of the exclusion. If the eligible hospital cannot meet the specific exclusion requirements, then the eligible hospital cannot answer "Yes" to the exclusion question. (If no exclusion is indicated, the eligible hospital must report on that measure.)

TOPICS PROGRESS

This is the second of four topics required for attestation

Numerator and Denominator must be whole numbers.

1

2

3

4

Step 6 – Meaningful Use Core Measures – Questionnaire (1C of 16)

Home Registration **Attestation** Status

Meaningful Use Core Measures

Questionnaire: (1C of 16)

(*) Red asterisk indicates a required field.

Objective: Use computerized provider order entry (CPOE) for medication, laboratory and radiology orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local, and professional guidelines to create the first record of the order.

Measure: (B) More than 30 percent of laboratory orders created by authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using CPOE.

***PATIENT RECORDS:** Please select whether the data used to support the measure 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 only extracted from patient records maintained using certified EHR technology.

Complete the following information:

Numerator The number of laboratory orders in the denominator created by authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using CPOE.

Denominator The number of laboratory orders created by authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

*Numerator: *Denominator:

For additional information: [EHR Incentive Program Educational Resources](#)

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

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

STEPS

Select the appropriate option under Patient Records. Enter Numerator and Denominator

Click **Save & Continue**



TIPS

Patient Records: At the eligible hospital's discretion, the numerators and denominators of certain measures may be calculated using only the patient records maintained in certified EHR technology. The eligible hospital may also elect to calculate the numerators and denominators of these measures using ALL patient records. Eligible hospitals must indicate which method they used in their calculations.

Exclusion: Eligible hospitals can be excluded from meeting an objective if they meet the requirements of the exclusion. If the eligible hospital cannot meet the specific exclusion requirements, then the eligible hospital cannot answer "Yes" to the exclusion question. (If no exclusion is indicated, the eligible hospital must report on that measure.)

TOPICS PROGRESS

This is the second of four topics required for attestation

Numerator and Denominator must be whole numbers.

1

2

3

4

Step 6 – Meaningful Use Core Measures – Questionnaire (ID of 16)

STEPS

Select the appropriate option under Patient Records. Enter Numerator and Denominator

Click **Save & Continue**



TIPS

Patient Records: At the eligible hospital's discretion, the numerators and denominators of certain measures may be calculated using only the patient records maintained in certified EHR technology. The eligible hospital may also elect to calculate the numerators and denominators of these measures using ALL patient records. Eligible hospitals must indicate which method they used in their calculations.

Exclusion: Eligible hospitals can be excluded from meeting an objective if they meet the requirements of the exclusion. If the eligible hospital cannot meet the specific exclusion requirements, then the eligible hospital cannot answer "Yes" to the exclusion question. (If no exclusion is indicated, the eligible hospital must report on that measure.)

TOPICS PROGRESS

This is the second of four topics required for attestation

Numerator and Denominator must be whole numbers.

1

2

3

4

Step 7 – Meaningful Use Core Measures – Questionnaire (2 of 16)

Questionnaire: (2 of 16)

(*) Red asterisk indicates a required field.

Objective: Record all of the following demographics:
(A) Preferred language.
(B) Sex.
(C) Race.
(D) Ethnicity.
(E) Date of birth.
(F) Date and preliminary cause of death in the event of mortality in the eligible hospital or CAH.

Measure: More than 80 percent of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period have demographics recorded as structured data.

Complete the following information:

Numerator The number of all unique patients in the denominator admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period have demographics recorded as structured data.

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

*Numerator: *Denominator:

YOUR HOSPITAL NAME

Tax Identifier: XX-XXXXXXX (EIN)
NPI:
CCN:
Program Year: 2014

For additional information: [EHR Incentive Program Educational Resources](#)

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

◀ Previous
Return to Attestation Progress
Save & Continue ▶

STEPS

Select the appropriate option under Patient Records, Enter Numerator and Denominator

Click **Save & Continue**



TIPS

***Patient Records:** At the eligible hospital's discretion, the numerators and denominators of certain measures may be calculated using only the patient records maintained in certified EHR technology. The eligible hospital may also elect to calculate the numerators and denominators of these measures using ALL patient records. Eligible hospitals must indicate which method they used in their calculations.*

***Exclusion:** Eligible hospitals can be excluded from meeting an objective if they meet the requirements of the exclusion. If the eligible hospital cannot meet the specific exclusion requirements, then the eligible hospital cannot answer "Yes" to the exclusion question. (If no exclusion is indicated, the eligible hospital must report on that measure.)*

TOPICS PROGRESS

This is the second of four topics required for attestation

Numerator and Denominator must be whole numbers.

1

2

3

4

Step 8 – Meaningful Use Core Measures – Questionnaire (3 of 16)

Questionnaire: (3 of 16)
(* Red asterisk indicates a required field.)

Objective: Record and chart changes in the following vital signs:
(A) Height/Length.
(B) Weight.
(C) Blood pressure (ages 3 and over).
(D) Calculate and display body mass index (BMI).
(E) Plot and display growth charts for patients 0 - 20 years, including BMI.

Measure: More than 80 percent of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period have blood pressure (for patients age 3 and over only) and height/length and weight (for all ages) recorded as structured data.

***PATIENT RECORDS:** Please select whether the data used to support the measure 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 only extracted from patient records maintained using certified EHR technology.

Complete the following information:

Numerator The number of all unique patients in the denominator admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period have blood pressure (for patients age 3 and over only) and height/length and weight (for all ages) recorded as structured data.

Denominator The number 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.

*Numerator: *Denominator:

STEPS

Select the appropriate option under Patient Records

Enter Numerator and Denominator

Click **Save & Continue**

Step 9 – Meaningful Use Core Measures – Questionnaire (4 of 16)

Questionnaire: (4 of 16)
(* Red asterisk indicates a required field.)

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

Measure: More than 80 percent of all unique patients 13 years old or older admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period have smoking status recorded as structured data.

EXCLUSION - Based on ALL patient records: Any eligible hospital or CAH that admit no patients 13 years or older to their inpatient or emergency department (POS 21 or 23) is excluded from this objective. Exclusion from this requirement does not prevent an eligible hospital or CAH from achieving meaningful use.

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

Yes No

For additional information: [EHR Incentive Program Educational Resources](#)

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

STEPS

Select Yes or No

Click **Save & Continue**



TIP

To check your progress click on the Attestation tab at the top of the page and select Modify in the Action column in the Attestation Selection page

TOPICS PROGRESS

This is the second of four topics required for attestation

1

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Step 9 – Meaningful Use Core Measures – Questionnaire (4 of 16) (Cont.)

Home
Registration
Attestation
Status

Meaningful Use Core Measures

Questionnaire: (4 of 16)

(*) Red asterisk indicates a required field.

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

Measure: More than 80 percent of all unique patients 13 years old or older admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period have smoking status recorded as structured data.

EXCLUSION - Based on ALL patient records: Any eligible hospital or CAH that admits no patients 13 years or older to their inpatient or emergency department (POS 21 or 23) is excluded from this objective. Exclusion from this requirement does not prevent an eligible hospital or CAH from achieving meaningful use.

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

Yes No

***PATIENT RECORDS:** Please select whether the data used to support the measure 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 only extracted from patient records maintained using certified EHR technology.

Complete the following information:

Numerator The number of all unique patients 13 years old or older in the denominator admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period that have smoking status recorded as structured data.

Denominator The number of all unique patients 13 years old or older admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

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

For additional information: [EHR Incentive Program](#) [Resources](#)

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

Previous
Return to Attestation Progress
Save & Continue

YOUR HOSPITAL NAME

Tax Identifier: XX-XXXXXXX (EIN)

NPI:

CCN:

Program Year: 2014

STEPS

If you answered no to the exclusion, select the appropriate option under Patient Records. Enter the Numerator and Denominator.

Click **Save & Continue**



TIP

To check your progress click on the Attestation tab at the top of the page and select Modify in the Action column in the Attestation Selection page

TOPICS PROGRESS

This is the second of four topics required for attestation

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Step 10 – Meaningful Use Core Measures – Questionnaire (5A of 16)

The screenshot shows the 'Attestation' tab selected in the top navigation bar. The page title is 'Meaningful Use Core Measures'. On the right, a yellow box displays 'YOUR HOSPITAL NAME' and other identifiers: Tax Identifier: XX-XXXXXXX (EIN), NPI: CCN: CCN: Program Year: 2014. The main content area includes the following text:

Questionnaire: (5A of 16)
 (*) Red asterisk indicates a required field.

Objective: Use clinical decision support to improve performance on high priority health conditions.

Measure: (A) Implement five clinical decision support interventions related to four or more clinical quality measures at a relevant point in patient care for the entire EHR reporting period. Absent four clinical quality measures related to an eligible hospitals or CAHs patient population, the clinical decision support interventions must be related to high-priority health conditions.

Complete the following information:
 *Have you implemented five clinical decision support interventions related to four or more clinical quality measures at a relevant point in patient care for the entire EHR reporting period? Absent four clinical quality measures related to an eligible hospitals or CAHs patient population, the clinical decision support interventions must be related to high-priority health conditions.

Yes No

For additional information: [EHR Incentive Program Educational Resources](#)

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

Buttons: Previous, Return to Attestation Progress, **Save & Continue** (circled in red)

STEPS

Select Yes or No in each step

Click **Save & Continue**

Step 10 – Meaningful Use Core Measures – Questionnaire (5B of 16)

The screenshot shows the 'Attestation' tab selected in the top navigation bar. The page title is 'Meaningful Use Core Measures'. On the right, a yellow box displays 'YOUR HOSPITAL NAME' and other identifiers: Tax Identifier: XX-XXXXXXX (EIN), NPI: CCN: CCN: Program Year: 2014. The main content area includes the following text:

Questionnaire: (5B of 16)
 (*) Red asterisk indicates a required field.

Objective: Use clinical decision support to improve performance on high priority health conditions.

Measure: (B) The eligible hospital or CAH has enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period.

Complete the following information:
 *Has the eligible hospital or CAH enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period?

Yes No

For additional information: [EHR Incentive Program Educational Resources](#)

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

Buttons: Previous, Return to Attestation Progress, **Save & Continue** (circled in red)

STEPS

Select Yes or No in each step.

Click **Save & Continue**



TIP

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

TOPICS PROGRESS

This is the second of four topics required for attestation

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Step 11 – Meaningful Use Core Measures – Questionnaire (6 of 16)

The screenshot shows the 'Meaningful Use Core Measures' questionnaire for 'Questionnaire: (6 of 16)'. The 'PATIENT RECORDS' section asks: 'Please select whether the data used to support the measure was extracted from all patient records or only from patient records maintained using certified EHR technology.' There are two radio button options: 'This data was extracted from ALL patient records not just those maintained using certified EHR technology.' (selected) and 'This data was only extracted from patient records maintained using certified EHR technology.' Below this, there are input fields for 'Numerator' and 'Denominator'. At the bottom, there are buttons for 'Previous', 'Return to Attestation Progress', and 'Save & Continue' (circled in red).

STEPS

Select the appropriate option under Patient Records

Enter Numerator and Denominator

Click **Save & Continue**

Step 12 – Meaningful Use Core Measures – Questionnaire (7 of 16)

The screenshot shows the 'Meaningful Use Core Measures' questionnaire for 'Questionnaire: (7 of 16)'. The question asks: '*Have you generated at least one report listing patients of the eligible hospital or CAH with a specific condition during the EHR reporting period?' There are two radio button options: 'Yes' (selected) and 'No'. At the bottom, there are buttons for 'Previous', 'Return to Attestation Progress', and 'Save & Continue' (circled in red).

STEPS

Select Yes or No.

Click **Save & Continue**



TIPS

TOPICS PROGRESS

This is the second of four topics required for attestation

Click on **HELP** for additional guidance to navigate the system

The Help link is located on each page

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Step 13 – Meaningful Use Core Measures – Questionnaire (8A of 16)

Meaningful Use Core Measures

Questionnaire: (8A of 16)

(*) Red asterisk indicates a required field.

YOUR HOSPITAL NAME
Tax Identifier: XX-XXXXXXX (EN)
NPI:
CCN:
Program Year: 2014

Objective: Provide patients the ability to view online, download, and transmit information about a hospital admission.

Measure: (A) More than 50 percent of all patients who are discharged from the inpatient or emergency department (POS 21 or 23) of an eligible hospital or CAH have their information available online within 36 hours of discharge.

***PATIENT RECORDS:** Please select whether the data used to support the measure 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 only extracted from patient records maintained using certified EHR technology.

Complete the following information:

Numerator The number of all patients included in the denominator that are discharged from the inpatient or emergency department (POS 21 or 23) of an eligible hospital or CAH have their information available online within 36 hours of discharge.

Denominator The number of patients that are discharged from the inpatient or emergency department (POS 21 or 23) of an eligible hospital or CAH during the EHR reporting period.

*Numerator: *Denominator:

For additional information: [EHR Incentive Program Educational Resources](#)

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

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

Step 13 – Meaningful Use Core Measures – Questionnaire (8B of 16)

Meaningful Use Core Measures

Questionnaire: (8B of 16)

(*) Red asterisk indicates a required field.

YOUR HOSPITAL NAME
Tax Identifier: XX-XXXXXXX (EN)
NPI:
CCN:
Program Year: 2014

Objective: Provide patients the ability to view online, download, and transmit information about a hospital admission.

Measure: (B) More than 5 percent of all patients who are discharged from the inpatient or emergency department (POS 21 or 23) of an eligible hospital or CAH (or their authorized representative) view, download or transmit to a third party their information during the EHR reporting period.

EXCLUSION - Based on all patient records: Any eligible hospital or CAH that is located in a county that does not have 50 percent or more of its housing units with 3Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period is excluded from measure B. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

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

Yes No

For additional information: [EHR Incentive Program Educational Resources](#)

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

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

STEPS

Select the appropriate option under Patient Records

Enter Numerator and Denominator

Click **Save & Continue**

STEPS

Select Yes or No.

Click **Save & Continue**



TIPS

Numerator and Denominator must be whole numbers

You may log out at any point during attestation and continue at a later time

All of the information that you have entered up until this point will be saved within the attestation module

The Topics Progress bar will read completed when the topics are complete

TOPICS PROGRESS

This is the second of four topics required for attestation

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Step 14 – Meaningful Use Core Measures – Questionnaire (9 of 16)

The screenshot shows the 'Attestation' tab selected in the top navigation. The page title is 'Meaningful Use Core Measures'. The questionnaire is for 'Questionnaire: (9 of 16)'. A note states: '(*) Red asterisk indicates a required field.' The objective is: 'Use clinically relevant information from Certified EHR Technology to identify patient-specific education resources and provide those resources to the patient.' The measure is: '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) are provided patient-specific education resources identified by Certified EHR Technology.' The user is prompted to 'Complete the following information:'. The 'Numerator' is defined as: 'The number of unique patients included in the denominator, admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) that were provided patient-specific education resources identified by Certified EHR Technology during the EHR reporting period.' The 'Denominator' is defined as: 'The number of unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.' Below the definitions are two input fields: '*Numerator:' and '*Denominator:'. A red arrow points to the Denominator field. At the bottom, there are three buttons: 'Previous', 'Return to Attestation Progress', and 'Save & Continue'. The 'Save & Continue' button is circled in red.

STEPS

Enter the Numerator and Denominator.

Click **Save & Continue**

Step 15 – Meaningful Use Core Measures – Questionnaire (10 of 16)

The screenshot shows the 'Attestation' tab selected in the top navigation. The page title is 'Meaningful Use Core Measures'. The questionnaire is for 'Questionnaire: (10 of 16)'. A note states: '(*) Red asterisk indicates a required field.' The objective is: 'The eligible hospital or CAH that receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation.' The measure is: 'The eligible hospital or CAH performs medication reconciliation for more than 50 percent 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)'. Below the measure, there is a section for 'PATIENT RECORDS: Please select whether the data used to support the measure was extracted from all patient records or only from patient records maintained using certified EHR technology.' There are two radio button options: 'This data was extracted from ALL patient records not just those maintained using certified EHR technology.' and 'This data was only extracted from patient records maintained using certified EHR technology.' A red arrow points to the second option. Below this, the user is prompted to 'Complete the following information:'. The 'Numerator' is defined as: 'The number of transitions of care into the care of the eligible hospital or CAH where medication reconciliation is performed by the eligible hospital or CAH during the EHR reporting period.' The 'Denominator' is defined as: 'The number of transitions of care in which the patient is transitioned into the care of the eligible hospital or CAH during the EHR reporting period.' Below the definitions are two input fields: '*Numerator:' and '*Denominator:'. A red arrow points to the Denominator field. At the bottom, there are three buttons: 'Previous', 'Return to Attestation Progress', and 'Save & Continue'. The 'Save & Continue' button is circled in red.

STEPS

Select the appropriate option under Patient Records. Enter the Numerator and Denominator.

Click **Save & Continue**



TIPS

To check your progress click on the *Attestation* tab at the top of the page and select *Modify* in the Action column in the *Attestation Selection* page.

The completed topics will show a check mark on the *TOPICS* screen.

TOPICS PROGRESS

This is the second of four topics required for attestation



Step 16 – Meaningful Use Core Measures – Questionnaire (11A of 16)

STEPS

Select the appropriate option under Patient Records. Enter the Numerator and Denominator.

Click **Save & Continue**

Step 16 – Meaningful Use Core Measures – Questionnaire (11B of 16)

STEPS

Select the appropriate option under Patient Records. Enter the Numerator and Denominator.

Click **Save & Continue**



TIPS

To check your progress click on the *Attestation* tab at the top of the page and select *Modify* in the Action column in the *Attestation Selection* page.

The completed topics will show a check mark on the *TOPICS* screen.

TOPICS PROGRESS

This is the second of four topics required for attestation

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Step 16 – Meaningful Use Core Measures – Questionnaire (11C of 16)

STEPS

Select the appropriate option under Patient Records. Enter the Numerator and Denominator.

Click **Save & Continue**

Step 17 – Meaningful Use Core Measures – Questionnaire (12 of 16)

STEPS

Select Yes or No.

Click **Save & Continue**



TIPS

To check your progress click on the *Attestation* tab at the top of the page and select *Modify* in the Action column in the *Attestation Selection* page.

The completed topics will show a check mark on the *TOPICS* screen.

TOPICS PROGRESS

This is the second of four topics required for attestation

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Step 17 –
Meaningful Use Core Measures – Questionnaire (12 of 16) (cont.)

Home
Registration
Attestation
Status

Meaningful Use Core Measures

Questionnaire: (12 of 16)

(* Red asterisk indicates a required field.)

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

Measure: Successful ongoing submission of electronic immunization data from Certified EHR Technology to an immunization registry or immunization information system for the entire EHR reporting period.

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

EXCLUSION 1: The eligible hospital or CAH does not administer any of the immunizations to any of the populations for which data is collected by the jurisdiction's immunization registry or immunization information system during the EHR reporting period.

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

Yes No →

EXCLUSION 2: The eligible hospital or CAH operates in a jurisdiction for which no immunization registry or immunization information system is capable of accepting the specific standards required for Certified EHR Technology at the start of their EHR reporting period.

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

Yes No →

EXCLUSION 3: The eligible hospital or CAH operates in a jurisdiction where no immunization registry or immunization information system provides information timely on capability to receive immunization data.

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

Yes No →

EXCLUSION 4: Operates in a jurisdiction for which no immunization registry or immunization information system that is capable of accepting the specific standards required by Certified EHR Technology at the start of their EHR reporting period can enroll additional eligible hospitals or CAHs.

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

Yes No →

Complete the following information:

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

Yes No →

YOUR HOSPITAL NAME

Tax Identifier: XX-XXXXXXX (EIN)

NPI:

CCN:

Program Year: 2014

STEPS
.....

Answer Yes or No to Exclusions 1-4 and the last question.

Click **Save & Continue**



TIPS

TOPICS PROGRESS

This is the second of four topics required for attestation



To check your progress click on the Attestation tab at the top of the page and select Modify in the Action column in the Attestation Selection page.

The completed topics will show a check mark on the TOPICS screen.

Step 18 –

Meaningful Use Core Measures – Questionnaire (13 of 16)

The screenshot shows a web interface for the 'Meaningful Use Core Measures' questionnaire. At the top, there are navigation tabs: Home, Registration, Attestation (selected), and Status. Below the tabs is a green header with the title 'Meaningful Use Core Measures'. The main content area is titled 'Questionnaire: (13 of 16)' and includes a note: '(*) Red asterisk indicates a required field.' On the right side, there is a yellow box labeled 'YOUR HOSPITAL NAME' containing fields for Tax Identifier (XX-XXXXXXX (EIN)), NPI, CCN, and Program Year (2014). The questionnaire consists of three exclusion questions, each with a 'Yes' or 'No' radio button. Red arrows point to the 'No' buttons for each question. Below the questions, there is a section for 'Complete the following information:' with a required question and a 'Yes' or 'No' radio button. At the bottom, there are three buttons: 'Previous', 'Return to Attestation Progress', and 'Save & Continue' (circled in red). A photo of three healthcare professionals is visible in the bottom right corner of the form area.

STEPS

Answer Yes or No to Exclusions 1-3 and to the last question.

Click **Save & Continue**



TIPS

To check your progress click on the Attestation tab at the top of the page and select Modify in the Action column in the Attestation Selection page.

The completed topics will show a check mark on the TOPICS screen.

TOPICS PROGRESS

This is the second of four topics required for attestation



Step 19 –

Meaningful Use Core Measures – Questionnaire (14 of 16)

The screenshot shows a web interface for the 'Meaningful Use Core Measures' questionnaire. At the top, there are navigation tabs: Home, Registration, Attestation (selected), and Status. Below the tabs is a green header with the title 'Meaningful Use Core Measures'. The main content area is titled 'Questionnaire: (14 of 16)' and includes a note: '(*) Red asterisk indicates a required field.' On the right side, there is a yellow box labeled 'YOUR HOSPITAL NAME' containing fields for Tax Identifier (XX-XXXXXX (EIN)), NPI, CCN, and Program Year (2014). The questionnaire consists of several sections:

- Objective:** Capability to submit electronic syndromic surveillance data to public health agencies, except where prohibited, and in accordance with applicable law and practice.
- Measure:** Successful ongoing submission of electronic syndromic surveillance data from Certified EHR Technology to a public health agency for the entire EHR reporting period.
- EXCLUSION 1:** Any eligible hospital or CAH that meets one or more of the following criteria is excluded from this objective. Exclusion from this requirement does not prevent an eligible hospital or CAH from achieving meaningful use.
 - EXCLUSION 1:** The eligible hospital or CAH does not have an emergency or urgent care department.
 - *Does this exclusion apply to you?** Radio buttons for Yes and No. The 'No' button is selected, and a red arrow points to it.
- EXCLUSION 2:** The eligible hospital or CAH operates in a jurisdiction for which no public health agency is capable of receiving electronic syndromic surveillance data in the specific standards required for Certified EHR Technology at the start of their EHR reporting period or can enroll additional eligible hospitals or CAHs.
 - *Does this exclusion apply to you?** Radio buttons for Yes and No. The 'No' button is selected, and a red arrow points to it.
- EXCLUSION 3:** Any eligible hospital or CAH that operates in a jurisdiction for which no public health agency provides timely information on capability to receive syndromic surveillance data.
 - *Does this exclusion apply to you?** Radio buttons for Yes and No. The 'No' button is selected, and a red arrow points to it.
- EXCLUSION 4:** Operates in a jurisdiction for which no public health agency that is capable of accepting the specific standards required by Certified EHR Technology at the start of their EHR reporting period can enroll additional eligible hospitals or CAHs.
 - *Does this exclusion apply to you?** Radio buttons for Yes and No. The 'No' button is selected, and a red arrow points to it.
- Complete the following information:**
 - *Have you had successful ongoing submission of electronic syndromic surveillance data from Certified EHR Technology to a public health agency for the entire EHR reporting period?** Radio buttons for Yes and No. The 'No' button is selected, and a red arrow points to it.

STEPS.....

Answer Yes or No to Exclusions 1-4 and to the last question.

Click **Save & Continue**



TIPS

To check your progress click on the Attestation tab at the top of the page and select Modify in the Action column in the Attestation Selection page.

The completed topics will show a check mark on the TOPICS screen.

TOPICS PROGRESS

This is the second of four topics required for attestation



Step 20 –
Meaningful Use Core Measures – Questionnaire (15 of 16)

STEPS

- Select Yes or No.
- Click **Save & Continue**

Step 21 –
Meaningful Use Core Measures – Questionnaire (16 of 16)

STEPS

- Answer Yes or No to the exclusions.
- Select the appropriate option under Patient Records.
- Enter the Numerator and Denominator.
- Click **Save & Continue**



TIPS

To check your progress click on the Attestation tab at the top of the page and select Modify in the Action column in the Attestation Selection page.

The completed topics will show a check mark on the TOPICS screen.

TOPICS PROGRESS

This is the second of four topics required for attestation



Step 22 – Meaningful Use Menu Measures – Questionnaire

Home
Registration
Attestation
Status

Meaningful Use Menu Measures

Instructions

You must submit three of the six Meaningful Use Menu Measures. An exclusion will not count towards the total and will be treated as a deferral. If exclusions are claimed for more than three, the criteria for the remaining non excluded objectives must be met.

YOUR HOSPITAL NAME

Tax Identifier: XX-XXXXXXX (EIN)
NPI:
CCN:
Program Year: 2014

Objective	Measure	Select
Record whether a patient 65 years old or older has an advance directive.	More than 50 percent of all unique patients 65 years old or older admitted to the eligible hospital's or CAH's inpatient department (POS 21) during the EHR reporting period have an indication of an advance directive status recorded as structured data.	<input type="checkbox"/>
Imaging results consisting of the image itself and any explanation or other accompanying information are accessible through Certified EHR Technology.	More than 10 percent of all tests whose result is an image 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 are accessible through Certified EHR Technology.	<input type="checkbox"/>
Record patient family health history as structured data.	More than 20 percent of all unique patients admitted to the eligible hospital or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period have a structured data entry for one or more first-degree relatives.	<input type="checkbox"/>
Generate and transmit permissible discharge prescriptions electronically (eRx).	More than 10 percent of hospital discharge medication orders for permissible prescriptions (for new, changed or refill prescriptions) are queried for a drug formulary and transmitted electronically using Certified EHR Technology.	<input type="checkbox"/>
Record electronic notes in patient records.	Enter at least one electronic progress note created, edited and signed by an authorized provider of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) for more than 30 percent of unique patients admitted to the eligible hospital or CAH's inpatient or emergency department during the EHR reporting period. The text of the electronic note must be text-searchable and may contain drawings and other content.	<input type="checkbox"/>
Provide structured electronic lab results to ambulatory providers.	Hospital labs send structured electronic clinical lab results to the ordering provider for more than 20 percent of electronic lab orders received. OR Hospital labs send structured electronic clinical lab results to the ordering provider for more than 20 percent of lab orders received.	<input type="checkbox"/>

Please select the **Previous** button to go back a topic 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.

← Previous
Return to Attestation Progress
Save & Continue ▶

STEPS

Read the instructions and select a total of three (3) measures from the six (6) Meaningful Use Menu Measures listed.

Note: An exclusion will not count toward the total and will be treated as a deferral. If exclusions are claimed for more than three, the criteria for the remaining non-excluded objectives must be met.

Click **Save & Continue**



TIP

The three (3) measures chosen will appear on the next screens once you click the Save & Continue button.

TOPICS PROGRESS

This is the third of four topics required for attestation

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Step 22 – Meaningful Use Menu Measure 1 of 3

Home
Registration
Attestation
Status

Meaningful Use Menu Measures

Questionnaire: (1 of 3)

(*) Red asterisk indicates a required field.

Objective: Generate and transmit permissible discharge prescriptions electronically (eRx).

Measure: More than 10 percent of hospital discharge medication orders for permissible prescriptions (for new, changed or refill prescriptions) are queried for a drug formulary and transmitted electronically using Certified EHR Technology.

EXCLUSION: Any eligible hospital or CAH that does not have an internal pharmacy that can accept electronic prescriptions and there are no pharmacies that accept electronic prescriptions within 10 miles at the start of its EHR reporting period is excluded from this objective. Exclusion from this requirement does not prevent an eligible hospital or CAH from achieving meaningful use.

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

Yes No

***PATIENT RECORDS:** Please select whether the data used to support the measure 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 only extracted from patient records maintained using certified EHR technology.

Complete the following information:

Numerator The number of hospital discharge medication orders for permissible prescriptions (for new, changed, or refill prescriptions) are queried for a drug formulary and transmitted electronically using Certified EHR Technology during the EHR reporting period.

Denominator The number of hospital discharge medication orders for permissible prescriptions (for new, changed, or refill prescriptions) during the EHR reporting period.

*Numerator: *Denominator:

YOUR HOSPITAL NAME

Tax Identifier: XX-XXXXXXX (EIN)
NPI:
CCN:
Program Year: 2014

For additional information: [EHR Incentive Program Educational Resources](#)

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

← Previous
Return to Attestation Progress
Save & Continue →

STEPS

The menu measures you selected previously will appear on the following screens. Answer the question about exclusions, select the appropriate option under Patient Records, and enter the Numerator and Denominator.

Click **Save & Continue**



TIP

You may log out at any point during attestation and continue at a later time

All of the information that you have entered up until this point will be saved within the attestation module

TOPICS PROGRESS

This is the third of four topics required for attestation

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Step 22 – Meaningful Use Menu (cont.) Measure 2 of 3

STEPS

The menu measures you selected previously will appear on the following screens. Enter the Numerator and Denominator.

Click **Save & Continue**

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

Meaningful Use Menu Measures

Questionnaire: (2 of 3)

(*) Red asterisk indicates a required field.

Objective: Record electronic notes in patient records.

Measure: Enter at least one electronic progress note created, edited and signed by an authorized provider of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) for more than 30 percent of unique patients admitted to the eligible hospital or CAH's inpatient or emergency department during the EHR reporting period. The text of the electronic note must be text-searchable and may contain drawings and other content.

Complete the following information:

Numerator: The number of unique patients admitted to the eligible hospital or CAHs inpatient or emergency department during the EHR reporting period with at least one electronic progress note created, edited, and signed by an authorized provider of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23).

Denominator: The number of unique patients admitted to the eligible hospital or CAHs inpatient or emergency department during the EHR reporting period.

*Numerator: *Denominator:

YOUR HOSPITAL NAME
Tax Identifier: XX-XXXXXXX (EIN)
NPI:
CCN:
Program Year: 2014

For additional information: [EHR Incentive Program Educational Resources](#)

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

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

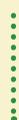


TIPS

TOPICS PROGRESS

This is the third of four topics required for attestation

You may select the Previous button to go back



Only the three (3) measures chosen will display

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Step 22 – Meaningful Use Menu (cont.) Measure 3 of 3

STEPS

The menu measures you selected previously will appear on these screens. Select the appropriate option.

Click **Save & Continue**

The screenshot shows a web interface for the 'Meaningful Use Menu Measures' questionnaire. At the top, there are navigation tabs for 'Home', 'Registration', 'Attestation', and 'Status'. Below the tabs is a green header with the text 'Meaningful Use Menu Measures'. The main content area is titled 'Questionnaire: (3 of 3)'. A note states: '(*) Red asterisk indicates a required field.' The 'Objective' is 'Provide structured electronic lab results to ambulatory providers.' The 'Measure' section is titled '*Please select one of the following:' and contains two radio button options: 'Hospital labs send structured electronic clinical lab results to the ordering provider for more than 20 percent of **electronic** lab orders received.' and 'Hospital labs send structured electronic clinical lab results to the ordering provider for more than 20 percent of lab orders received.' A yellow box on the right contains the text 'YOUR HOSPITAL NAME' followed by 'Tax Identifier: XX-XXXXXXX (EIN)', 'NPI:', 'CCN:', and 'Program Year: 2014'. Below the questionnaire, there is a link for 'EHR Incentive Program Educational Resources'. At the bottom, there are three buttons: 'Previous', 'Return to Attestation Progress', and 'Save & Continue'. The 'Save & Continue' button is circled in red. A photograph of three healthcare professionals is visible on the right side of the form.



TIPS

TOPICS PROGRESS

This is the third of four topics required for attestation

For additional information click on the "EHR Incentive Program Educational Resources" link

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Step 23 – Reporting Clinical Quality Measures (CQMs)

Home Registration **Attestation** Status

Clinical Quality Measures

Reporting Clinical Quality Measures

Please select one of the options below to indicate how you would like to submit your clinical quality measure data:

Option 1: I will submit my clinical quality measure data electronically through Hospital Inpatient Quality Reporting Program (IQR). (For more information about this option, please click [here](#).)

Option 2: I will submit my clinical quality measure data right now through online attestation

YOUR HOSPITAL NAME
Tax Identifier: XX-XXXXXXX (EIN)
NPI:
CCN:
Program Year: 2014

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](#)



STEPS

Select the method for how you would like to report Clinical Quality Measures (CQMs).

Click **Save & Continue**



TIP

TOPICS PROGRESS

This is the third of six topics required for attestation

For information on the CQM eReporting, click on the Clinical Quality measure Specification page

1

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6

Step 24 – Clinical Quality Measures (CQMs)

Home
Registration
Attestation
Status

Clinical Quality Measures

Instructions:

Select a minimum of 16 out of 29 Clinical Quality Measures from the list below. Your selection must include at least 3 of the 6 HHS National Quality Strategy domains. You will be prompted to enter numerator(s), denominator(s), performance rates(s), and exclusion(s) or exception(s), if applicable, for all selected Clinical Quality Measures after you select the Save & Continue button below.

Note: Less than 16 CQMs can be reported if more than 13 exemptions have been made. Please select all remaining CQMs if you have selected 13 or more exemptions.

YOUR HOSPITAL NAME

Tax Identifier: XX-XXXXXXX (EIN)
NPI:
CCN:
Program Year: 2014

Patient and Family Engagement			
ID Number	Versions	Title	Selection
CMS55/ NQF0495	CMS55v1/ CMS55v2	Emergency Department (ED)-1 Emergency Department Throughput - Median time from ED Arrival to ED Departure for Admitted ED Patients	<input type="checkbox"/>
CMS111/ NQF0497	CMS111v1/ CMS111v2	ED-2 Emergency Department Throughput - Median Admit Decision Time to ED Departure Time for Admitted Patients	<input type="checkbox"/>

Patient Safety			
ID Number	Versions	Title	Selection
CMS109/ NQF0374	CMS109v1/ CMS109v2	Venous Thromboembolism Patients Receiving Unfractionated Heparin with Dosages/Platelet Count Monitoring by Protocol or Nomogram	<input type="checkbox"/>
CMS100/ NQF0142	CMS100v1/ CMS100v2	Aspirin Prescribed at Discharge	<input type="checkbox"/>
CMS113/ NQF0469	CMS113v1/ CMS113v2	Elective Delivery	<input type="checkbox"/>
CMS60/ NQF0164	CMS60v1/ CMS60v2	Fibrinolytic Therapy Received Within 30 minutes of Hospital Arrival	<input type="checkbox"/>
CMS53/ NQF0163	CMS53v1/ CMS53v2	Primary PCI Received Within 90 Minutes of Hospital Arrival	<input type="checkbox"/>
CMS30/ NQF0639	CMS30v2/ CMS30v3	Statin Prescribed at Discharge	<input type="checkbox"/>
CMS9/ NQF0480	CMS9v1/ CMS9v2	Exclusive Breast Milk Feeding	<input type="checkbox"/>
CMS31/ NQF1354	CMS31v1/ CMS31v2	Hearing Screening Prior To Hospital Discharge (EHDI - 1a)	<input type="checkbox"/>

Patient Satisfaction	
ID Number	Versions
CMS108/ NQF0371	CMS108v1/ CMS108v2
CMS190/ NQF0372	CMS190v1/ CMS190v2
CMS114/ NQF0376	CMS114v1/ CMS114v2
CMS171/ NQF0527	CMS171v2/ CMS171v3
CMS178/ NQF0453	CMS178v2/ CMS178v3

Care Coordination	
ID Number	Versions
CMS185/ NQF0496	CMS185v1/ CMS185v2

For additional information [Clinical Quality Measure 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.

STEPS

Select at least 16 out of the 29 Clinical Quality Measures shown on this page. Your selection must include at least three (3) of the six (6) HHS National Quality Strategy domains. You will be prompted to enter numerator(s), denominator(s), performance rate(s), and exclusion(s), if applicable, for all selected Clinical Quality Measures on subsequent pages.

Click **Save & Continue**

TIP

TOPICS PROGRESS

This is the third of six topics required for attestation

- 1
- 2
- 3
- 4
- 5
- 6

Visit the [Clinical Quality Measures](https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/ClinicalQualityMeasures.html) page for more information
<https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/ClinicalQualityMeasures.html>

Step 25 – Clinical Quality Measures (CQMs) (1 of 16)

Clinical Quality Measures

Questionnaire: (1 of 16)
(* Red asterisk indicates a required field.)

Responses are required for the clinical quality measures displayed on this page.

Measure: **CMS55/NQF0495**
Versions: **CMS55v1/CMS55v2**

Title: Emergency Department (ED)-1 Emergency Department Throughput - Median time from ED Arrival to ED Departure for Admitted ED Patients

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

Exemption: In the relevant EHR reporting period, eligible hospitals and CAHs with 5 or fewer discharges (if subject to a 90-day or 3-month FY quarter EHR reporting period), or 20 or fewer discharges (if subject to a full FY EHR reporting period) as defined by the CQMs denominator population would be exempted from reporting on the CQM. For eligible hospitals and CAHs participating in the Medicare EHR Incentive Program, please submit aggregate population data in QualityNet (for EHR-based reporting) for each CQM for which the eligible hospital or CAH is seeking the exemption. For eligible hospitals and CAHs participating in the Medicaid EHR Incentive Program, please check with your state Medicaid agency for any additional requirements for the case threshold exemption.

*Does this exemption apply to you?

NO, the EH has more than 5 discharges (if subject to a 90-day or 3-month FY quarter EHR reporting period) or more than 20 discharges (if subject to a full FY EHR reporting period).

YES, the EH has 5 or fewer discharges (if subject to a 90-day or 3-month FY quarter EHR reporting period) or 20 or fewer discharges (if subject to a full FY EHR reporting period).

*Case Threshold Exemption:

Denominator: Any ED patient from the facility's emergency department.

Numerator: Median time (in minutes) from ED arrival to ED departure for patients admitted to the facility from the emergency department.

Complete the following information:

Stratum 1 - All patients seen in the ED and admitted to the facility as an inpatient.

*Denominator: *Numerator:

Stratum 2 - All patients seen in the ED and admitted as an inpatient who do not have a diagnosis consistent with psychiatric/mental health disorders.

*Denominator: *Numerator:

Stratum 3 - All patients seen in the ED and admitted as an inpatient who have a diagnosis consistent with psychiatric/mental health disorders.

*Denominator: *Numerator:

YOUR HOSPITAL NAME

Tax Identifier: XX-XXXXXXX (EIN)
NPI:
CCN:
Program Year: 2014

For CQM field descriptions: [Help](#)

For additional information: [Clinical Quality Measure 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 ▶

STEPS

Enter Denominator and Numerator (and Exclusion, if applicable) for all 16 CQMs.

Click **Save & Continue**



TIPS

Visit the *Clinical Quality Measures* page for more information <https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/ClinicalQualityMeasures.html>

Denominator is entered before the Numerator

Numerator and denominator must be whole numbers

TOPICS PROGRESS

This is the fourth of four topics required for attestation

1

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4

Step 26 – Clinical Quality Measures (CQMs) (2 of 16)

Home
Registration
Attestation
Status

Clinical Quality Measures

Questionnaire: (2 of 16)

(*) Red asterisk indicates a required field.

Responses are required for the clinical quality measures displayed on this page.

Measure: **CMS111/NQF0497**

Versions: **CMS111v1/CMS111v2**

Title: ED-2 Emergency Department Throughput - Median Admit Decision Time to ED Departure Time for Admitted Patients

Description: Median time (in minutes) from admit decision time to time of departure from the emergency department for emergency department patients admitted to inpatient status.

Exemption: In the relevant EHR reporting period, eligible hospitals and CAHs with 5 or fewer discharges (if subject to a 90-day or 3-month FY quarter EHR reporting period), or 20 or fewer discharges (if subject to a full FY EHR reporting period) as defined by the CQMs denominator population would be exempted from reporting on the CQM. For eligible hospitals and CAHs participating in the Medicare EHR Incentive Program, please submit aggregate population data in QualityNet (for EHR-based reporting) for each CQM for which the eligible hospital or CAH is seeking the exemption. For eligible hospitals and CAHs participating in the Medicaid EHR Incentive Program, please check with your state Medicaid agency for any additional requirements for the case threshold exemption.

*Does this exemption apply to you?

NO, the EH has more than 5 discharges (if subject to a 90-day or 3-month FY quarter EHR reporting period) or more than 20 discharges (if subject to a full FY EHR reporting period).

YES, the EH has 5 or fewer discharges (if subject to a 90-day or 3-month FY quarter EHR reporting period) or 20 or fewer discharges (if subject to a full FY EHR reporting period).

*Case Threshold Exemption:

Denominator: Any ED patient from the facility's emergency department.

Numerator: Time (in minutes) from Decision to Admit to ED departure for patients admitted to the facility from the emergency department.

Complete the following information:

Stratum 1 - All patients seen in the ED and admitted as an inpatient.

*Denominator: *Numerator:

Stratum 2 - All patients seen in the ED and admitted as an inpatient who do not have a diagnosis consistent with psychiatric/mental health disorders.

*Denominator: *Numerator:

Stratum 3 - All patients seen in the ED and admitted as an inpatient who have a diagnosis consistent with psychiatric/mental health disorders.

*Denominator: *Numerator:

YOUR HOSPITAL NAME

Tax Identifier: XX-XXXXXXX (EIN)

NPI:

CCN:

Program Year: 2014

STEPS

Enter Denominator and Numerator (and Exclusion, if applicable) for all 16 CQMs.

Click **Save & Continue**



TIPS

Click on **Help** for additional guidance to navigate the system

To check your progress click on the **Attestation** tab at the top of the page and select **Modify** in the Action column in the **Attestation Selection** page

TOPICS PROGRESS

This is the fourth of four topics required for attestation

1

2

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4

Step 27 – Clinical Quality Measures (CQMs) (3 of 16)

STEPS

Enter Denominator and Numerator (and Exclusion, if applicable) for all 16 CQMs.

Click **Save & Continue**

Step 28 – Clinical Quality Measures (CQMs) (4 of 16)



TIPS

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

Log back into the system and select the "Attestation" tab to continue your attestation when you return

TOPICS PROGRESS

This is the fourth of four topics required for attestation

1

2

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4

Step 29 – Clinical Quality Measures (CQMs) (5 of 16)

STEPS

Enter Denominator and Numerator (and Exclusion, if applicable) for all 16 CQMs.

Click **Save & Continue**

Step 30 – Clinical Quality Measures (CQMs) (6 of 16)



TIP

Visit the Meaningful Use Overview link for more information – https://www.cms.gov/EHRIncentivePrograms/30_Meaningful_Use.asp

TOPICS PROGRESS

This is the fourth of four topics required for attestation

1 2 3 4

Step 31 – Clinical Quality Measures (CQMs) (7 of 16)

STEPS

Enter Denominator and Numerator (and Exclusion, if applicable) for all 16 CQMs.

Click **Save & Continue**

Step 32 – Clinical Quality Measures (CQMs) (8 of 16)



TIPS

TOPICS PROGRESS

This is the fourth of four topics required for attestation

Denominator is entered before the Numerator

Numerator and denominator must be whole numbers

1

2

3

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Step 33 – Clinical Quality Measures (CQMs) (9 of 16)

Home
Registration
Attestation
Status

Clinical Quality Measures

Questionnaire: (9 of 16)

(*) Red asterisk indicates a required field.

Responses are required for the clinical quality measures displayed on this page.

Measure: **CMS188/NQF0147**

Versions: **CMS188v2/CMS188v3**

Title: Initial Antibiotic Selection for Community-Acquired Pneumonia (CAP) in Immunocompetent Patients

Description: (PN6) Immunocompetent patients with Community-Acquired Pneumonia who receive an initial antibiotic regimen during the first 24 hours that is consistent with current guidelines.

(Population 1) Immunocompetent ICU patients with Community-Acquired Pneumonia who receive an initial antibiotic regimen during the first 24 hours that is consistent with current guidelines.

(Population 2) Immunocompetent non-Intensive Care Unit (ICU) patients with Community-Acquired Pneumonia who receive an initial antibiotic regimen during the first 24 hours that is consistent with current guidelines.

Exemption: In the relevant EHR reporting period, eligible hospitals and CAHs with 5 or fewer discharges (if subject to a 90-day or 3-month FY quarter EHR reporting period), or 20 or fewer discharges (if subject to a full FY EHR reporting period) as defined by the CQMs denominator population would be exempted from reporting on the CQM. For eligible hospitals and CAHs participating in the Medicare EHR Incentive Program, please submit aggregate population data in QualityNet (for EHR-based reporting) for each CQM for which the eligible hospital or CAH is seeking the exemption. For eligible hospitals and CAHs participating in the Medicaid EHR Incentive Program, please check with your state Medicaid agency for any additional requirements for the case threshold exemption.

*Does this exemption apply to you?

NO, the EH has more than 5 discharges (if subject to a 90-day or 3-month FY quarter EHR reporting period) or more than 20 discharges (if subject to a full FY EHR reporting period).

YES, the EH has 5 or fewer discharges (if subject to a 90-day or 3-month FY quarter EHR reporting period) or 20 or fewer discharges (if subject to a full FY EHR reporting period).

*Case Threshold Exemption:

Denominator: Pneumonia patients 18 years of age and older with an ICD-9-CM Hospital Measures- Principal Diagnosis Code of pneumonia, OR ICD-9-CM Hospital Measures-Principal Diagnosis Code of septicemia or respiratory failure (acute or chronic) and also a secondary ICD-9-CM Other Diagnosis Code of pneumonia and abnormal findings on chest x-ray or CT scan of the chest within 24 hours prior to hospital arrival or during the hospitalization.

Numerator: Pneumonia patients who received an initial antibiotic regimen consistent with current guidelines during the first 24 hours of their hospitalization.

Numerator 1 (in population 1) defines appropriate antibiotics for ICU patients.
Numerator 2 (in population 2) defines appropriate antibiotics for non-ICU patients.

Complete the following information:

*Denominator 1:	*Numerator 1:	*Performance Rate 1:	*Exclusion 1:
2	2	2 %	2

*Denominator 2:	*Numerator 2:	*Performance Rate 2:	*Exclusion 2:
2	2	2 %	2

YOUR HOSPITAL NAME

Tax Identifier: XX-XXXXXX (EIN)
NPI:
CCN:
Program Year: 2014

STEPS

Enter Denominator and Numerator (and Exclusion, if applicable) for all 16 CQMs.

Click **Save & Continue**



TIP

For additional information click on the "Clinical Quality Measure Specification Page" link

TOPICS PROGRESS

This is the fourth of four topics required for attestation

1 2 3 4

Step 34 – Clinical Quality Measures (CQMs) (10 of 16)

Questionnaire: (10 of 16)

(*) Red asterisk indicates a required field.

YOUR HOSPITAL NAME

Tax Identifier: XX-XXXXXXX (EIN)
NPI:
CCN:
Program Year: 2014

Responses are required for the clinical quality measures displayed on this page.

Measure: CMS172/NQF0528

Versions: CMS172v2/CMS172v3

Title: Prophylactic Antibiotic Selection for Surgical Patients

Description: Surgical patients who received prophylactic antibiotics consistent with current guidelines (specific to each type of surgical procedure).

Exemption: In the relevant EHR reporting period, eligible hospitals and CAHs with 5 or fewer discharges (if subject to a 90-day or 3-month FY quarter EHR reporting period), or 20 or fewer discharges (if subject to a full FY EHR reporting period) as defined by the CQMs denominator population would be exempted from reporting on the CQM. For eligible hospitals and CAHs participating in the Medicare EHR Incentive Program, please submit aggregate population data in QualityNet (for EHR-based reporting) for each CQM for which the eligible hospital or CAH is seeking the exemption. For eligible hospitals and CAHs participating in the Medicaid EHR Incentive Program, please check with your state Medicaid agency for any additional requirements for the case threshold exemption.

*Does this exemption apply to you?

- NO, the EH has more than 5 discharges (if subject to a 90-day or 3-month FY quarter EHR reporting period) or more than 20 discharges (if subject to a full FY EHR reporting period).
- YES, the EH has 5 or fewer discharges (if subject to a 90-day or 3-month FY quarter EHR reporting period) or 20 or fewer discharges (if subject to a full FY EHR reporting period).

*Case Threshold Exemption:

Denominator: All selected surgical patients 18 years of age and older with no evidence of prior infection with an ICD-9-CM Hospital Measures-Principal Procedure Code of selected surgeries.

Numerator: Number of surgical patients who received prophylactic antibiotics recommended for their specific surgical procedure.

Complete the following information:

Denominator for population 1 - Coronary artery bypass graft (CABG) procedures

*Denominator: *Numerator: *Performance Rate: % *Exclusion:

Denominator for population 2 - Other cardiac surgery

*Denominator: *Numerator: *Performance Rate: % *Exclusion:

Denominator for population 3 - Hip arthroplasty

*Denominator: *Numerator: *Performance Rate: % *Exclusion:

Denominator for population 4 - Knee arthroplasty

*Denominator: *Numerator: *Performance Rate: % *Exclusion:

Denominator for population 5 - Colon surgery

*Denominator: *Numerator: *Performance Rate: % *Exclusion:

Denominator for population 6 - Abdominal hysterectomy

*Denominator: *Numerator: *Performance Rate: % *Exclusion:

Denominator for population 7 - Vaginal hysterectomy

*Denominator: *Numerator: *Performance Rate: % *Exclusion:

Denominator for population 8 - Vascular surgery

*Denominator: *Numerator: *Performance Rate: % *Exclusion:

STEPS

Enter Denominator and Numerator (and Exclusion, if applicable) for all 16 CQMs.

Click **Save & Continue**



TIP

For additional information click on the "Clinical Quality Measure Specification Page" link

TOPICS PROGRESS

This is the fourth of four topics required for attestation

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Step 35 – Clinical Quality Measures (CQMs) (11 of 16)

Home Registration **Attestation** Status

Clinical Quality Measures

Questionnaire: (11 of 16)
(*) Red asterisk indicates a required field.

Responses are required for the clinical quality measures displayed on this page.

Measure: **CMS104/NQF0435**
Versions: **CMS104v1/CMS104v2**
Title: Discharged on Antithrombotic Therapy
Description: Ischemic stroke patients prescribed antithrombotic therapy at hospital discharge.
Exemption: In the relevant EHR reporting period, eligible hospitals and CAHs with 5 or fewer discharges (if subject to a 90-day or 3-month FY quarter EHR reporting period), or 20 or fewer discharges (if subject to a full FY EHR reporting period) as defined by the CQMs denominator population would be exempted from reporting on the CQM. For eligible hospitals and CAHs participating in the Medicare EHR Incentive Program, please submit aggregate population data in QualityNet (for EHR-based reporting) for each CQM for which the eligible hospital or CAH is seeking the exemption. For eligible hospitals and CAHs participating in the Medicaid EHR Incentive Program, please check with your state Medicaid agency for any additional requirements for the case threshold exemption.
*Does this exemption apply to you?
 NO, the EH has more than 5 discharges (if subject to a 90-day or 3-month FY quarter EHR reporting period) or more than 20 discharges (if subject to a full FY EHR reporting period).
 YES, the EH has 5 or fewer discharges (if subject to a 90-day or 3-month FY quarter EHR reporting period) or 20 or fewer discharges (if subject to a full FY EHR reporting period).
*Case Threshold Exemption:
Denominator: Ischemic stroke patients
Numerator: Ischemic stroke patients prescribed antithrombotic therapy at hospital discharge.
Complete the following information:
*Denominator: *Numerator: *Performance Rate: % *Exclusion: *Exception:
For CQM field descriptions: [Help](#)
For additional information: [Clinical Quality Measure 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 ▶

STEPS

Enter Denominator and Numerator (and Exclusion, if applicable) for all 16 CQMs.

Click **Save & Continue**



TIP

To check your progress click on the Attestation tab at the top of the page and select Modify in the Action column in the Attestation Selection page

TOPICS PROGRESS

This is the fourth of four topics required for attestation

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Step 36 – Clinical Quality Measures (CQMs) (12 of 16)

Home
Registration
Attestation
Status

Clinical Quality Measures

Questionnaire: (12 of 16)

(*) Red asterisk indicates a required field.

Responses are required for the clinical quality measures displayed on this page.

Measure: **CMS71/NQF0436**

Versions: **CMS71v2/CMS71v3**

Title: Anticoagulation Therapy for Atrial Fibrillation/Flutter

Description: Ischemic stroke patients with atrial fibrillation/flutter who are prescribed anticoagulation therapy at hospital discharge.

Exemption: In the relevant EHR reporting period, eligible hospitals and CAHs with 5 or fewer discharges (if subject to a 90-day or 3-month FY quarter EHR reporting period), or 20 or fewer discharges (if subject to a full FY EHR reporting period) as defined by the CQMs denominator population would be exempted from reporting on the CQM. For eligible hospitals and CAHs participating in the Medicare EHR Incentive Program, please submit aggregate population data in QualityNet (for EHR-based reporting) for each CQM for which the eligible hospital or CAH is seeking the exemption. For eligible hospitals and CAHs participating in the Medicaid EHR Incentive Program, please check with your state Medicaid agency for any additional requirements for the case threshold exemption.

*Does this exemption apply to you?

NO, the EH has more than 5 discharges (if subject to a 90-day or 3-month FY quarter EHR reporting period) or more than 20 discharges (if subject to a full FY EHR reporting period).

YES, the EH has 5 or fewer discharges (if subject to a 90-day or 3-month FY quarter EHR reporting period) or 20 or fewer discharges (if subject to a full FY EHR reporting period).

*Case Threshold Exemption:

Denominator: Ischemic stroke patients with documented atrial fibrillation/flutter.

Numerator: Ischemic stroke patients prescribed anticoagulation therapy at hospital discharge.

Complete the following information:

*Denominator:	*Numerator:	*Performance Rate:	*Exclusion:	*Exception:
<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/> %	<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>

YOUR HOSPITAL NAME

Tax Identifier: XX-XXXXXXX (EIN)

NPI:

CCN:

Program Year: 2014

STEPS

Enter Denominator and Numerator (and Exclusion, if applicable) for all 16 CQMs.

Click **Save & Continue**



TIP

To check your progress click on the Attestation tab at the top of the page and select Modify in the Action column in the Attestation Selection page

TOPICS PROGRESS

This is the fourth of four topics required for attestation

1

2

3

4

Step 37 – Clinical Quality Measures (CQMs) (13 of 16)

STEPS

Enter Denominator and Numerator (and Exclusion, if applicable) for all 16 CQMs.

Click **Save & Continue**

Step 38 – Clinical Quality Measures (CQMs) (14 of 16)



TIPS

You may log out at any time and continue your attestation later

All of the information that you have entered up until this point will be saved within the attestation module

TOPICS PROGRESS

This is the fourth of four topics required for attestation

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Step 39 – Clinical Quality Measures (CQMs) (15 of 16)

Home
Registration
Attestation
Status

Clinical Quality Measures

Questionnaire: (15 of 16)

(*) Red asterisk indicates a required field.

Responses are required for the clinical quality measures displayed on this page.

Measure: **CMS105/NQF0439**

Versions: **CMS105v1/CMS105v2**

Title: Discharged on Statin Medication

Description: Ischemic stroke patients with LDL greater than or equal to 100 mg/dL, or LDL not measured, or, who were on a lipid-lowering medication prior to hospital arrival are prescribed statin medication at hospital discharge.

Exemption: In the relevant EHR reporting period, eligible hospitals and CAHs with 5 or fewer discharges (if subject to a 90-day or 3-month FY quarter EHR reporting period), or 20 or fewer discharges (if subject to a full FY EHR reporting period) as defined by the CQMs denominator population would be exempted from reporting on the CQM. For eligible hospitals and CAHs participating in the Medicare EHR Incentive Program, please submit aggregate population data in QualityNet (for EHR-based reporting) for each CQM for which the eligible hospital or CAH is seeking the exemption. For eligible hospitals and CAHs participating in the Medicaid EHR Incentive Program, please check with your state Medicaid agency for any additional requirements for the case threshold exemption.

*Does this exemption apply to you?

NO, the EH has more than 5 discharges (if subject to a 90-day or 3-month FY quarter EHR reporting period) or more than 20 discharges (if subject to a full FY EHR reporting period).

YES, the EH has 5 or fewer discharges (if subject to a 90-day or 3-month FY quarter EHR reporting period) or 20 or fewer discharges (if subject to a full FY EHR reporting period).

*Case Threshold Exemption:

Denominator: Ischemic stroke patients with an LDL greater than or equal to 100 mg/dL, OR LDL not measured, OR who were on a lipid-lowering medication prior to hospital arrival.

Numerator: Ischemic stroke patients prescribed statin medication at hospital discharge.

Complete the following information:

*Denominator:	*Numerator:	*Performance Rate:	*Exclusion:	*Exception:
<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/> %	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>

YOUR HOSPITAL NAME

Tax Identifier: XX-XXXXXXX (EIN)

NPI:

CCN:

Program Year: 2014

STEPS

Enter Denominator and Numerator (and Exclusion, if applicable) for all 16 CQMs.

Click **Save & Continue**



TIPS

Denominator is entered before the Numerator

Click on HELP for additional guidance to navigate the system

The Help link is located on each page

TOPICS PROGRESS

This is the fourth of four topics required for attestation

1

2

3

4

Step 40 – Clinical Quality Measures (CQMs) (16 of 16)

Home Registration **Attestation** Status

Clinical Quality Measures

Questionnaire: (16 of 16)

(*) Red asterisk indicates a required field.

Responses are required for the clinical quality measures displayed on this page.

Measure: **CMS73/NQF0373**

Versions: **CMS73v1/CMS73v2**

Title: Venous Thromboembolism Patients with Anticoagulation Overlap Therapy

Description: This measure assesses the number of patients diagnosed with confirmed VTE who received an overlap of parenteral (intravenous [IV] or subcutaneous [subcu]) anticoagulation and warfarin therapy. For patients who received less than five days of overlap therapy, they should be discharged on both medications or have a reason for discontinuation of overlap therapy. Overlap therapy should be administered for at least five days with an international normalized ratio (INR) greater than or equal to 2 prior to discontinuation of the parenteral anticoagulation therapy, discharged on both medications or have a reason for discontinuation of overlap therapy.

Exemption: In the relevant EHR reporting period, eligible hospitals and CAHs with 5 or fewer discharges (if subject to a 90-day or 3-month FY quarter EHR reporting period), or 20 or fewer discharges (if subject to a full FY EHR reporting period) as defined by the CQMs denominator population would be exempted from reporting on the CQM. For eligible hospitals and CAHs participating in the Medicare EHR Incentive Program, please submit aggregate population data in QualityNet (for EHR-based reporting) for each CQM for which the eligible hospital or CAH is seeking the exemption. For eligible hospitals and CAHs participating in the Medicaid EHR Incentive Program, please check with your state Medicaid agency for any additional requirements for the case threshold exemption.

*Does this exemption apply to you?

NO, the EH has more than 5 discharges (if subject to a 90-day or 3-month FY quarter EHR reporting period) or more than 20 discharges (if subject to a full FY EHR reporting period).

YES, the EH has 5 or fewer discharges (if subject to a 90-day or 3-month FY quarter EHR reporting period) or 20 or fewer discharges (if subject to a full FY EHR reporting period).

*Case Threshold Exemption:

Denominator: Patients with confirmed VTE who received warfarin.

Numerator: Patients who received overlap therapy (warfarin and parenteral anticoagulation):

- Five or more days, with an INR greater than or equal to 2 prior to discontinuation of parenteral therapy, or
- Five or more days, with an INR less than 2 and discharged on overlap therapy, or
- Less than five days and discharged on overlap therapy, or
- With documentation of reason for discontinuation of overlap therapy, or
- With documentation of a reason for no overlap therapy.

Complete the following information:

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

STEPS

Enter Denominator and Numerator (and Exclusion, if applicable) for all 16 CQMs.

Click **Save & Continue**



TIPS

TOPICS PROGRESS

This is the fourth of four topics required for attestation

Denominator is entered before the Numerator

Click on HELP for additional guidance to navigate the system

The Help link is located on each page

1

2

3

4

Step 41 – Topics for this Attestation

Once all the topics are marked completed you may proceed with attestation.

STEPS

Select **Continue with Attestation**

You will navigate to Summary of Measures

Select **Edit** on any topic to review or revise your entries

Step 42 – Attestation Summary

Objective	Measure	Entered	Select
Use Computerized Provider Order Entry (CPOE) for medication orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines.	More than 30% of all unique patients with at least one medication in their medication list admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one medication order entered using CPOE.	Numerator = 9 Denominator = 10	<input type="button" value="Edit"/>
Implement drug-drug and drug-allergy interaction checks	The eligible hospital or CAH has enabled this functionality for the entire EHR reporting period.	Yes	<input type="button" value="Edit"/>
Maintain an up-to-date problem list of current and active diagnoses.	More than 80% of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry or an indication that no problems are known for the patient recorded as structured data.	Numerator = 9 Denominator = 10	<input type="button" value="Edit"/>



TIPS

This is the last chance to review and edit the information you have entered before you attest

Check for data entry errors as the system will not alert the user of the calculated percentage of the numerator and denominators prior to official submission of attestation

Step 42 – Attestation Summary (cont.)

Click on the Measure List Table link to access the table for editing.

The screenshot shows the 'Attestation Summary' page with a table of measures. The table has four columns: Objective, Measure, Entered, and Select. Three rows are visible, each with an 'Edit' button in the Select column. The first row's 'Edit' button is circled in red. A yellow box on the right contains hospital information: 'Your Hospital Name', 'Tax Identifier:', 'NPI:', 'CCN:', and 'Program Year:'.

Objective	Measure	Entered	Select
Use Computerized Provider Order Entry (CPOE) for medication orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines.	More than 30% of all unique patients with at least one medication in their medication list admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one medication order entered using CPOE.	Numerator = 9 Denominator = 10	Edit
Implement drug-drug and drug-allergy interaction checks	The eligible hospital or CAH has enabled this functionality for the entire EHR reporting period.	Yes	Edit
Maintain an up-to-date problem list of current and active diagnoses.	More than 80% of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry or an indication that no problems are known for the patient recorded as structured data.	Numerator = 9 Denominator = 10	Edit

STEPS

Select the measure to **Edit**

Modify your entry

Click **Save Changes**

You will navigate to the next measure in the series. When you are finished editing the measures, click on Return to Attestation Progress

The screenshot shows the 'Meaningful Use Core Measures' questionnaire page. It includes a 'Questionnaire: (1B of 16)' section with a red asterisk indicating a required field. The 'Measure' section contains a radio button selection for patient records. A yellow box on the right displays 'YOUR HOSPITAL NAME' and other identifiers. At the bottom, there are input fields for 'Numerator' and 'Denominator', both marked with red asterisks. Red arrows point to the radio button and the input fields.

Questionnaire: (1B of 16)
(* Red asterisk indicates a required field.)

Objective: Use computerized provider order entry (CPOE) for medication, laboratory and radiology orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local, and professional guidelines to create the first record of the order.

Measure: (A) More than 60 percent of medication orders created by authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using CPOE.

***PATIENT RECORDS:** Please select whether the data used to support the measure 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 only extracted from patient records maintained using certified EHR technology.

Complete the following information:

Numerator The number of medication orders in the denominator created by authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using CPOE.

Denominator The number of medication orders created by authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

*Numerator: *Denominator:



TIP

For additional information click on the "Meaningful Use Measures Specification Page" link

Step 42 – Attestation Summary (cont.)



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

Welcome Your Name

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

Attestation Summary

2 Meaningful Use Core Measures Results

Your Hospital Name
Tax Identifier:
NPI:
CCN:
Program Year:

Objective	Measure	Entered	Select
Use Computerized Provider Order Entry (CPOE) for medication orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines.	More than 30% of all unique patients with at least one medication in their medication list admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one medication order entered using CPOE.	Numerator = 9 Denominator = 10	Edit
Implement drug-drug and drug-allergy interaction checks	The eligible hospital or CAH has enabled this functionality for the entire EHR reporting period.	Yes	Edit
Maintain an up-to-date problem list of current and active diagnoses.	More than 80% of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry or an indication that no problems are known for the patient recorded as structured data.	Numerator = 9 Denominator = 10	Edit
Maintain active medication list.	More than 80% of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry (or an indication that the patient is not currently prescribed any medication) recorded as structured data.	Numerator = 9 Denominator = 10	Edit
Maintain active medication allergy list.	More than 80% percent of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry (or an indication that the patient is not currently prescribed any medication) recorded as structured data.	Numerator = 9 Denominator = 10	Edit
Record all of the following demographics: Preferred language Gender Race Ethnicity Date of birth And preliminary cause of death in the event of mortality in the hospital or CAH.	More than 50% of all unique patients seen by the eligible hospital or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have demographics recorded as structured data.	Numerator = 9 Denominator = 10	Edit

STEPS

Click **Continue with Attestation** or **Next Topic** to edit additional measures

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.

[Previous](#) | [Next Topic](#) | [Return to Attestation Summary](#) | [Continue with Attestation](#)

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



TIPS

Clicking on **Continue with Attestation** will navigate you back to the **Attestation Statements** page



Clicking on **Next Topic** will navigate you to the remaining measure list tables

Step 43 – Submission Process: Attestation Statements

Medicare & Medicaid EHR Incentive Program
Registration and Attestation System

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 000000000000000000

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

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

Please select the **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).

Agree Disagree

STEPS

.....

Check the box next to each statement to attest to the information entered into the Attestation module

Click **Agree** to proceed with the attestation submission process

Step 43 – Submission Process (cont.): Confirmation Page

Home | Registration | **Attestation** | Status

Submission Process: Confirm Submission

Confirmation Page

You are now ready to submit your attestation. Please review the summary information below and the reason for attestation.

LBN: Your Hospital Name
TIN: 00-0000000
CCN: 000000
EHR Certification Number: 0000000000000000
EHR Reporting Period: 00/00/00000-00/00/0000

Reason for Attestation
You are a Medicare Eligible Hospital completing an attestation for the EHR Incentive Program.

Please select the **Submit Attestation** button to proceed with the attestation submission process, or the **Exit** button to go to the Home Page.

Submit Attestation Exit

Review the summary information

Click **Submit Attestation** when you are ready to submit



TIPS

If you click Exit, you will receive a message stating that you are not submitting at this time, your information will be saved and your attestation will display In Progress

If you click Disagree you will go to the Home Page and your attestation will not be submitted

Step 44 – Status Selection

Status Selection

Status Summary

You have successfully navigated to the Status Summary page.

The following table outlines a list of all registrations in an approved status. Please click the Select button to navigate to the Status Information page, to review all current and historical information related to your registration.

Filter Selection

To filter the records being displayed, please use the following:

Select a category to filter by:

Enter 6-10 Character CCN:

Displaying records 1 - 1 of 1 found

Records Per Page:

Name	Tax Identifier	National Provider Identifier (NPI)	CMS Certification Number (CCN)	Incentive Type	Current Status	Action
YOUR HOSPITAL HERE	XX-XXXXXXX (EIN)			Medicare	Your Medicare attestation is in progress and needs to be completed by 11/30/2014.	<input type="button" value="Select"/>

Medicare Attestation Batch Status

Please select the **View Attestation Batch Status** button to review the status on all your Attestation batch files.

STEPS

Once you have submitted your Attestation, navigate to the status tab on the top right of the screen. Here you can view the list of all registrations in an approved status. Click the **Select** button to navigate to the status information page to review all current and historical information related to your registration. To view your batch uploads, click **View Attestation Batch Status**.

For further information about the batch upload process, please visit this page: <http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/attestationbatchspecpage.html>

Step 44 – Status Selection (Cont)

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.

Filter Selection

To filter the records being displayed, please use the following:
Select a Category to Filter by:

Displaying records 1 - 5 of 17 found 1 2 3 4 Records Per Page:

Name	Tax Identifier	CMS Certification Number (CCN)	Medicare Attestation Status	Program Year	Payment Year	Action
YOUR HOSPITAL NAME	XX-XXXXXXX (EIN)			2012		<input type="button" value="View"/>
YOUR HOSPITAL NAME	XX-XXXXXXX (EIN)			2013		<input type="button" value="Attest"/>
YOUR HOSPITAL NAME	XX-XXXXXXX (EIN)			2014		<input type="button" value="Modify"/> <input type="button" value="Cancel"/>
YOUR HOSPITAL NAME	XX-XXXXXXX (EIN)			2015		<input type="button" value="Attest"/>
YOUR HOSPITAL NAME	XX-XXXXXXX (EIN)			2016		<input type="button" value="Attest"/>

Medicare Attestation Batch

Please select the **Attestation Batch Upload** button to upload Attestations(s) using a batch file.

STEPS

On this page you can view, modify, or cancel your attestation, or upload batch files. To upload batch files, click **Attestation Batch Upload**.

For further information about the batch upload process, please visit this page: <http://www.cms.gov/Regulations-and-Guidance/Legislation/>

Step 45 – Attestation Disclaimer

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 also be subject to civil penalties.

Signature of Eligible Professional
I certify that the following 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.

STEPS

Read the disclaimer and click on **Agree** to continue your attestation or **Disagree** to stop the process



TIPS

If you click *Disagree* you will navigate back to the attestation instructions page

Your status under the Action column will read *Modify* or *Cancel*

Step 46 – Attestation Batch Upload

The screenshot shows the 'Attestation Batch Upload' page with a navigation bar (Home, Registration, Attestation, Status) and a green header. The main content area includes instructions on batch uploads, a note about the 25-file limit, and a link to specifications. A red asterisk indicates required fields. A 'Payment Penalty Information' box contains a checkbox for acknowledging submission deadlines. Below this is the '*Batch File:' section with a 'Choose File' button circled in red. The '*Email Address:' and '*Confirm Email Address:' fields are also marked with red arrows. The '*Attestation Statements' section has a checkbox for certifying data accuracy, also marked with a red arrow. At the bottom, the 'Upload' button is circled in red, while the 'Cancel' button is not.

STEPS

Make the appropriate selections on the page and click **Choose File** to select batch to upload.

Click **Upload**.

For further information about the batch upload process, please visit this page: <http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/attestationbatchspecpage.html>

Step 47 – Submission Receipt (accepted attestation)

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

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

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

Please select the **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: 00000000
LBN: Your Hospital Name
TIN: 00-0000000 (EIN)
CCN: 000000
EHR Certification Number: 0000000000000000
EHR Reporting Period:
Attestation Submission Date:
Reason for Attestation: You are a Medicare Eligible Hospital completing attestation for the EHR Incentive Program.

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

Buttons:

STEPS

Your attestation was accepted

Print this receipt for your records

Your Medicare Attestation Status will show Accepted and you will receive an email notification

THIS COMPLETES YOUR ATTESTATION

If you successfully attested and are a Medicare & Medicaid eligible hospital or CAH, your attestation will be deemed as a meaningful user by Medicare and you will not have to meet the State-specific additional meaningful use requirements in order to qualify for the Medicaid incentive payment.

Your attestation status will read “Accepted” and the attestation action status column will read “View”. The attestation is locked and cannot be edited.



TIP

Click on Review Results button from the submission receipt to view your entries

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	CMS Certification Number (CCN)	Medicare Attestation Status	Program Year	Payment Year	Action
Your Hospital Name	(EIN)		Accepted	2012	1	<input type="button" value="View"/>

Step 48 – Submission Receipt (rejected attestation)

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: 00000000
LBN: Your Hospital Name
TIN: 00-0000000 (EIN)
CCN: 000000
EHR Certification Number: 0000000000000000
EHR Reporting Period:
Attestation Submission Date:

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

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

Print Receipt **Review Results**

Your Hospital Name
Tax Identifier:
NPI:
CCN:
Program Year:

STEPS

Your attestation was rejected

Print this receipt for your records

The Medicare Attestation Status will show **Rejected Attestation**

YOUR ATTESTATION WAS REJECTED

You did not meet one or more of the meaningful use minimum standards. Please reassess/modify your practice so that you can meet the measure(s). You may resubmit your attestation information again, correct mistakes or re-submit new information if no mistakes were made.

Review your documentation to ensure the correct information was entered at attestation for each of the objectives and their associated measures. If an error is found, you may make the correction and resubmit your attestation for this same reporting period. Or you may submit an attestation with new information 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), but that will mean that hospital will have to recalculate all of the numerator and denominator information.

Print this receipt for your records. **You will also receive an email notification.**



TIP

Visit <https://www.cms.gov/EHRIncentivePrograms/> for meaningful use requirements.

Step 49 – Attestation Summary (rejected attestation)

Home Registration **Attestation** Status

Attestation Summary

2 Meaningful Use Core Measures Results

Your Hospital Name
Tax Identifier:
NPI:
CCN:
Program Year:

Objective	Measure	Entered	Select
Use Computerized Provider Order Entry (CPOE) for medication orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines.	More than 30% of all unique patients with at least one medication in their medication list admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one medication order entered using CPOE.	Numerator = 9 Denominator = 10	<input type="button" value="Edit"/>
Implement drug-drug and drug-allergy interaction checks	The eligible hospital or CAH has enabled this functionality for the entire EHR reporting period.	Yes	<input type="button" value="Edit"/>

STEPS

Click on **Review Results** to view the status of each measure

Review each measure for the Accepted/Rejected status

Click **Next Topic** to continue with the Menu measures

Home Registration **Attestation** Status

Summary of Meaningful Use Core Measures

Your Hospital Name
Tax Identifier:
NPI:
CCN:
Program Year:

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 admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one medication order entered using CPOE.	This measure meets minimum standard.	90.00%	Accepted
Implement drug-drug and drug-allergy interaction checks	The eligible hospital or CAH 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 admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry or an indication that no problems are known for the patient recorded as structured data.	This measure does not meet minimum standard	90.00%	Rejected
Maintain active medication list.	More than 80% of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry (or an indication that the patient is not currently prescribed any medication) recorded as structured data.	This measure meets minimum standard.	90.00%	Accepted



TIP

Please select the **Previous** button to go back a topic or the **Next Topic** button to proceed to the next topic. Select the **Review Results** button to view the Attestation Summary page.

◀ Previous Next Topic ▶ **Review Results**

Print the Summary of Measures page for your future reference

Step 50 – Cancel Attestation

If you choose to cancel a *previously submitted* attestation, click on CANCEL ATTESTATION from the Summary of Measures page.

The screenshot shows the 'Attestation Summary' page with a table of measures. The table has four columns: Objective, Measure, Entered, and Select. The 'Select' column contains 'Edit' buttons. A red arrow points to the 'Edit' button for the third measure. Below the table, the 'Cancel Attestation' button is highlighted with a red circle.

Objective	Measure	Entered	Select
Use Computerized Provider Order Entry (CPOE) for medication orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines.	More than 30% of all unique patients with at least one medication in their medication list admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one medication order entered using CPOE.	Numerator = 9 Denominator = 10	<input type="button" value="Edit"/>
Implement drug-drug and drug-allergy interaction checks	The eligible hospital or CAH has enabled this functionality for the entire EHR reporting period.	Yes	<input type="button" value="Edit"/>
Maintain an up-to-date problem list of current and active diagnoses.	More than 80% of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry or an indication that no problems are known for the patient recorded as structured data.	Numerator = 9 Denominator = 10	<input type="button" value="Edit"/>

STEPS

You may only cancel before your Attestation status is "locked for payment"

Enter a reason for cancellation

Click the **Cancel** button

The screenshot shows the 'Cancel Attestation' page. It includes a section for 'Attestation Information' with the following details:

- Attestation ID: 1000000172
- Attestation Confirmation Number: N/A
- Attestation Status: In Progress
- Name: XYZ Hospital
- TIN: 19-1234567 (EIN)
- NPI: 1234567890
- EHR Certification Number: 1234567890
- EHR Reporting Period: 01/01/2011-04/08/2011

Below the information, there is a text box for 'Reason for Cancellation:' and a 'Cancel' button highlighted with a red circle. A photograph of three healthcare professionals is also visible on the right side of the page.



TIP

Select the Summary of Measures button if you would like to view all submitted measures before cancelling this attestation

Have Questions?



STEPS

Click on **Help** for additional guidance to navigate the system

The Help link is located on each page



RESOURCES

Contact the EHR Information Center Help Desk for Questions concerning registration and attestation, (888) 734-6433 / TTY: (888) 734-6563

Hours of operation: Monday-Friday 8:30 a.m. – 4:30 p.m. in all time zones (except on Federal holidays)

Identity and Access Management system (I&A) Help Desk for assistance,
PECOS External User Services (EUS) Help Desk
Phone: 1-866-484-8049
E-mail: EUSsupport@cgi.com

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

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

EHR Incentive Program Website
<https://www.cms.gov/EHRIncentivePrograms/>

Certified health IT Product website - Office of the National Coordinator (ONC)
<http://onc-chpl.force.com/ehrcert/CHPLHome>

ACRONYMS

Acronym Translation

CAH	Critical Access Hospital
CCN	CMS Certification Number
CMS	Centers for Medicare & Medicaid Services
CQM	Clinical Quality Measure
DMF	Social Security Death Master File
EHR	Electronic Health Record
EIN	Employer's Identification Number
EP	Eligible Professional
FI	Fiscal Intermediary
FQHC	Federally Qualified Health Center
I&A	Identity & Access Management
IDR	Integrated Data Repository
LBN	Legal Business Name
MAC	Medicare Administrative Contractor
MAO	Medicare Advantage Organization
NLR	National Level Repository
NPI	National Provider Identifier
NPPES	National Plan and Provider Enumeration System
OIG	Office of the Inspector General
PECOS	Provider Enrollment, Chain and Ownership System
RHC	Rural Health Center
SSN	Social Security Number
TIN	Tax Identification Number



