



STAGE 2 ATTESTATION USER GUIDE

For Eligible Professionals

Medicare Electronic Health Record (EHR) Incentive Program



April 2014



CONTENTS

Click on the Step below to navigate directly to that page.

Step 1	Getting started	4
Step 2	Login instructions	6
Step 3	Welcome	22
Step 4	Attestation Instructions	24
Step 5	Topics for this Attestation	25
Step 6	Attestation Information	26
Step 7	Meaningful Use Core Measures Questionnaire (1B of 17)	27
Step 8	Meaningful Use Core Measures Questionnaire (1C of 17)	28
Step 9	Meaningful Use Core Measures Questionnaire (1D of 17)	29
Step 10	Meaningful Use Core Measures Questionnaire (2 of 17)	30
Step 11	Meaningful Use Core Measures Questionnaire (3 of 17)	31
Step 12	Meaningful Use Core Measures Questionnaire (4 of 17)	32
Step 13	Meaningful Use Core Measures Questionnaire (5 of 17)	33
Step 14	Meaningful Use Core Measures Questionnaire (6A of 17)	34
Step 15	Meaningful Use Core Measures Questionnaire (6B of 17)	34
Step 16	Meaningful Use Core Measures Questionnaire (7 of 17)	35
Step 17	Meaningful Use Core Measures Questionnaire (8 of 17)	36
Step 18	Meaningful Use Core Measures Questionnaire (9 of 17)	37
Step 19	Meaningful Use Core Measures Questionnaire (10 of 17)	38
Step 20	Meaningful Use Core Measures Questionnaire (11 of 17)	39
Step 21	Meaningful Use Core Measures Questionnaire (12 of 17)	40
Step 22	Meaningful Use Core Measures Questionnaire (13 of 17)	41
Step 23	Meaningful Use Core Measures Questionnaire (14 of 17)	42
Step 24	Meaningful Use Core Measures Questionnaire (15 of 17)	43
Step 25	Meaningful Use Core Measures Questionnaire (16 of 17)	44
Step 26	Meaningful Use Core Measures Questionnaire (17 of 17)	45

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

To return to the Table of Contents, click 'Back to the Table of Contents' at the bottom of each page.

CONTENTS (cont.)

Click on the Step below to navigate directly to that page.

Step 27	.....Meaningful Use Measures – Questionnaire	46
Step 28	..... Review of the Meaningful Use Menu Measures (1 of 3)	47
Step 29	.....Review of the Meaningful Use Menu Measures (2 of 3)	48
Step 30	.....Review of the Meaningful Use Menu Measures (3 of 3)	49
Step 31	..... Reporting Clinical Quality Measures (CQMs)	50
Step 32	.....Submission Process:Attestation Statements	51
Step 33	..... Clinical Quality Measures – Questionnaire (1 of 9)	52
Step 34	..... Clinical Quality Measures – Questionnaire (2 of 9)	53
Step 35	..... Clinical Quality Measures – Questionnaire (3 of 9)	54
Step 36	..... Clinical Quality Measures – Questionnaire (4 of 9)	55
Step 37	..... Clinical Quality Measures – Questionnaire (5 of 9)	56
Step 38	..... Clinical Quality Measures – Questionnaire (6 of 9)	57
Step 39	..... Clinical Quality Measures – Questionnaire (7 of 9)	58
Step 40	..... Clinical Quality Measures – Questionnaire (8 of 9)	59
Step 41	..... Clinical Quality Measures – Questionnaire (9 of 9)	60
Step 42	.....Topics for Attestation – Resubmission	61
Step 43	.....Attestation Disclaimer	62
Step 44	..... Submission Receipt (Accepted)	63
Step 45	.....Submission Receipt (Rejected Attestation)	64
Step 46	.....Summary of Measures – Rejected Attestation	65
Step 47	..... Medicare Attestation – Resubmission	66
Step 48	..... Topics for Attestation – Resubmission	67
Step 49	..... Attestation Statements and Confirmation Page – Resubmission	69
Step 50	.....Attestation Disclaimer	70
Step 51	.....Review Status Information	71
Questions/Help	.....	72

Disclaimer:

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

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 provider to remain abreast of the Medicare program requirements.

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

To return to the Table of Contents, click 'Back to the Table of Contents' at the bottom of each page.



Step 1 – Getting Started

To receive an incentive payment, Medicare Eligible Professionals (EPs) must attest every year to their meaningful use of certified electronic health record technology using this ATTESTATION module. (Medicaid EPs should contact their states for information about how to attest.)

This is a step-by-step guide for the Medicare Eligible Professionals (EPs) Electronic Health Record (EHR) Incentive Program ATTESTATION module for demonstrating Stage 2 of meaningful use. CMS also has a guide for Medicare EPs in [Stage 1](#). 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

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

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).

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

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 ▶

TIPS

To determine your eligibility, click on the CMS website

For a list of Eligible Professional Types (EPs), click on Eligible Professionals (EPs) link

Step 1 - (Continue)

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



[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

Eligible Professionals (EPs) may not be hospital based. This is defined as EPs seeing 90% or more of their Medicare covered services in:

- Hospital Inpatient setting (Place of service 21)
- Emergency Department setting (Place of service 23)

Step 2– Login Instructions

The screenshot shows the 'Login Instructions' page for the Medicare & Medicaid EHR Incentive Program Registration and Attestation System. The page is divided into several sections: Eligible Professionals (EPs), Eligible Hospitals, Associated with both Eligible Professionals (EPs) and Eligible Hospitals, and Account Management. Each section contains bullet points providing specific instructions for users. At the bottom, there is a login form with fields for User ID and Password, and buttons for 'Log In' and 'Cancel'. The footer includes links for Web Policies & Important Links, Department of Health & Human Services, CMS.gov, Accessibility, File Formats and Plugins, and the CMS logo.

STEPS

Enter your National Plan and Provider Enumeration System (NPPES) web user account, user ID and password to log into the attestation system

Click **Log in**

Proceed to STEP 3 on page 22 of this guide if you logged in as an Eligible Professional

Proceed through STEP 2 if you are working on behalf of an Eligible Professional



TIPS

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

Contact the PECOS Help Desk if you cannot remember your password-(866) 484-8049/ TTY(866)523-4759, <https://pecos.cms.hhs.gov>

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

User name and password are case sensitive

Step 2 – Login (Continued)

Working on Behalf of an Eligible Professional

Sign In

* Indicates required field(s)

* **User ID:**

* **Password:**

Sign In

[? Forgot Password](#)

[? Retrieve Forgotten User ID](#)

[? Enter your PIN](#)

One account to access multiple systems

Create one account with the Identity & Access Management System to manage access to PECOS and EHR incentive programs, manage staff, and authorize others to access your information. ([Register now](#))

PECOS

Use this system to register for Medicare or update your current enrollment information.

EHR
INCENTIVE PROGRAM

Register to receive EHR Incentive payments for eligible professionals and hospitals that adopt, implement and upgrade or demonstrate meaningful use with certified EHR technology.

STEPS

If you are already registered as an authorized user, proceed to page 22 of this guide. If you are a new user, click **register**.

Read through the Terms and Conditions and click **Accept**.

Terms and Conditions

You are accessing a U.S. Government information system, which includes: (1) this computer, (2) this computer network, (3) all computers connected to this network, and (4) all devices and storage media attached to this network or to a computer on this network. This information system is provided for U.S. Government-authorized use only.

Unauthorized or improper use of this system may result in disciplinary action, as well as civil and criminal penalties.

By using this information system, you understand and consent to the following:
You have no reasonable expectation of privacy regarding any communication or data transiting or stored on this information system.

At any time, and for any lawful Government purpose, the Government may monitor, intercept, and search and seize any communication or data transiting or stored on this information system.

Any communication or data transiting or stored on this information system may be disclosed or used for any lawful Government purpose.

To continue, you must accept the terms and conditions. If you decline, you will not be able to continue.

Accept **Decline**



TIPS

Click on the **HELP** tab at the top of the screen for help creating your I&A user name and password

User name and password are case sensitive

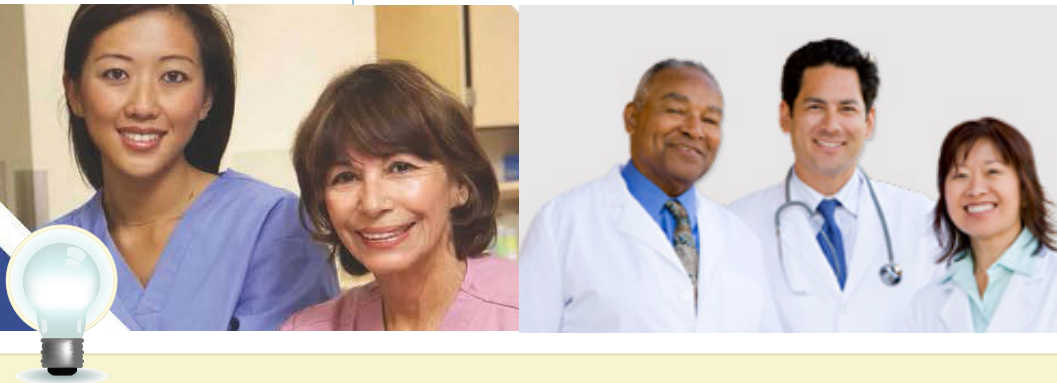
Step 2 – Login (Continued)

Working on Behalf of an Eligible Professional

STEPS

Enter the email address associated with your account, and retype to confirm. Enter the security text and click **Submit**.

Once you enter your email address, you will receive an email with a PIN number to verify your account. Enter the PIN and click **Submit**.



TIPS

At least one NPI is required to assign access

Use the Previous button to navigate between pages in the system

In order for a provider to create an online account, the NPI record must be in the status of Active or Pending Change Request

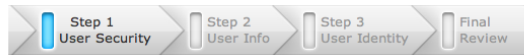
Step 2 – Login (Continued)

Working on Behalf of an Eligible Professional

 Centers for Medicare & Medicaid Services

Identity & Access Management System [Help](#)

User Registration - User Security



* Indicates required field(s)

*** User ID:**

*** Password:**

*** Confirm Password:**

User ID

- Must be 6-12 alphanumeric characters and unique within the Identity & Access Management System and NPPES.
- Must not contain more than four digits, nor spaces or special characters.
- Must not contain personally identifiable information such as SSN or NPI.

Password

- Must be 8-12 alphanumeric characters.
- Must contain at least one letter and one number.
- May not contain any special characters nor be the same as the User ID.

Please select five different security questions and enter their answers below:

* Question 1: <input type="text" value="Select One"/>	* Answer 1: <input type="text"/>
* Question 2: <input type="text" value="Select One"/>	* Answer 2: <input type="text"/>
* Question 3: <input type="text" value="Select One"/>	* Answer 3: <input type="text"/>
* Question 4: <input type="text" value="Select One"/>	* Answer 4: <input type="text"/>
* Question 5: <input type="text" value="Select One"/>	* Answer 5: <input type="text"/>

| [Cancel](#)

STEPS

.....

Create a User ID and password for your account. Choose security questions and answers in case you forget your password. Click **Continue**.



TIPS

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

The **Help** link is on every page

Step 2 – Login (Continued)

Working on Behalf of an Eligible Professional

* Indicates required field(s)

* First Name:

Middle Name:

* Last Name:

Suffix:

* Business Phone Number:

Fax Number:

* Date of Birth:(MM/DD/YYYY)

* SSN:

Primary E-mail Address: nichole.davick@cms.hhs.gov

* Personal Phone Number:

* Home Address Line 1:

Home Address Line 2:

* City:

* Country: United States

* State/ Province/ Territory: SE - Select One

* Postal/ZIP Code:

Select your address

Important Note: Your address has been standardized.
Your address has been standardized to USPS standards to ensure accurate contact information is record. Both the address you entered and your standardized address are displayed below. If the standardized address is incorrect you may select to use the address you entered. If you need to modify your information select Cancel to return to the User Information entry Page.

Use Standardized Address:
1234 Street Name
City, ST 12345

Use The Address I Entered

Important Note: Sorry, we were unable to confirm your identity.
Please contact Experian Verification Support Services referencing your Session ID to have your identity verified and complete the verification process. For further assistance, please contact External User Services (EUS).

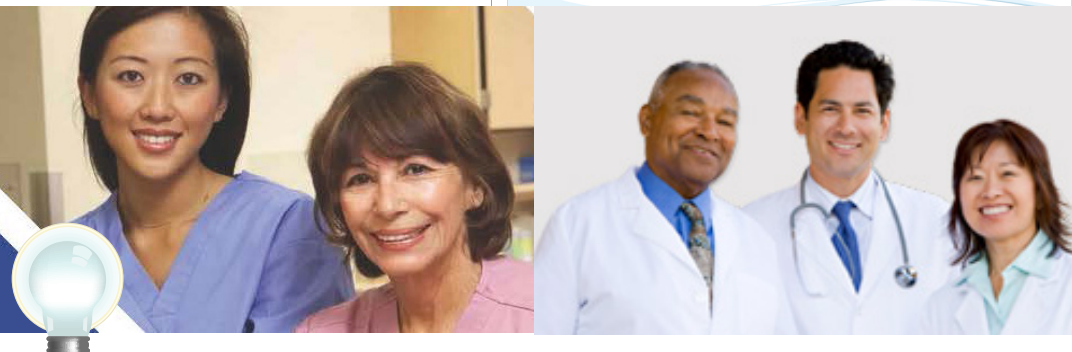
Experian Verification Support Services: (800) 555-7200
Session ID: NPRID-XXXXXXXX-XXXXXXXX

STEPS

Enter your personal information in the fields provided. You will be asked for your Social Security number to verify your identity. You can either verify your identity now or do so at a later time. Click **I Agree**.

Your address may need to be reformatted to meet USPS standards.

If your identity cannot be verified, you will receive a notice with more information.



TIPS

Click on Help for additional guidance to navigate the system

The Help link is on every page

Step 2 – Login (Continued)

Working on Behalf of an Eligible Professional

The screenshot displays the CMS Identity & Access Management System interface. At the top, it shows the CMS logo, "Centers for Medicare & Medicaid Services", and navigation links for "Logged" and "Sign Out". The main heading is "Identity & Access Management System" with a "Help" link. Below this is an email notification box containing the following text:

Note: You are able to see the email because you are in debug mode

From: EUSupport@cgi.com
To:
Subject: Acknowledgement of Registration

Congratulations, you have successfully registered as a user of the I&A system.

Please note your account information:

Name:
User ID:
Date of Registration:

You can login using the following link: <https://nppes7.cms.cmsval/IAWeb/login.do>.

Systems that currently accept I&A log in credentials:
Internet-based PECOS (<https://pecos.cms.hhs.gov>)
EHR Incentive Program (<https://ehrincentives.cms.gov>)

Please do not reply to this message via e-mail. This address is automated, unattended, and cannot help with questions

External User Services (EUS) Help Desk
PO Box 792750
San Antonio, TX 78279
1-866-484-8049
EUSupport@cgi.com

Below the email is a "User Registration - User Information" progress bar with four steps: "Step 1 User Security" (checked), "Step 2 User Info" (checked), "Step 3 User Identity" (checked), and "Final Complete" (active). Below the progress bar is a message box with the following text:

Congratulations, your account has been successfully created.

- If you are an Individual Provider, you will be able to see all associations with your NPI.
- If you are an Authorized Official or a Delegated Official, you will need to add your employer(s) to manage staff and connections associated with your employer(s).
- If you are a Staff End User, you will need to ask an Authorized Official or Delegated Official associated with your employer to invite you to work on the behalf of the employer.

A "Continue To Homepage" button is located at the bottom of the message box.

STEPS

Once you have entered all your information, you will receive a confirmation email and see a screen notifying you that you have been successfully registered.



TIPS

Click on Help for additional guidance to navigate the system

The Help link is on every page

Step 2 – Login (Continued)

Working on Behalf of an Eligible Professional

CMS Centers for Medicare & Medicaid Services Logged Sign Out

Identity & Access Management System Help

Home **My Profile** **My Connections**

Home

Welcome to the Identity and Access Management System!

Are you an Individual Provider?

We have not been able to locate an NPI record that matches the information you provided. If you are an individual who provides health care services, please [register for an NPI](#) (or update your existing information) before you login to any additional CMS systems.

Are you responsible for an Organization?

If you are the Authorized or Delegated Official for a Healthcare Organization (or a Company that does not provide health care services, but works on behalf of health care providers), select the My Profile section and add your employers to begin the approval process.

None of above?

If you do not match either description above, please contact your supervisor and ask that they invite you to register as a member of their staff. If they have not registered already, they will need to do so.

News & Alerts

EUS Contact Information:
External User Services (EUS)
PO Box 792750
San Antonio, Texas 78279
Phone: 1-866-484-8049
TTY: 1-866-523-4759
EUSsupport@cql.com

Quick Reference Guide
Overview of features and tools to manage your account.

Video: How to Create an Account
Video on how to create an account if you are an individual provider, an Authorized or Delegated Official for your organization or to work on behalf of providers.

Video: How to register as an Authorized Official for your Organization
Video on how to register with CMS as an Authorized or Delegated Official.

Frequently Asked Questions
Answers to common questions about registration, who should register, and how to manage your account.

Video: Connections?
Video on how to connect with organizations or others who work on behalf of providers.

STEPS

Once you have successfully logged in, you will see the main Identity & Access Management System. Here you can update your profile, manage your connections, or access helpful resources.



TIPS

Click on Help for additional guidance to navigate the system

The Help link is on every page

Step 2 – Login (Continued)

Working on Behalf of an Eligible Professional

CMS Centers for Medicare & Medicaid Services Logged Sign Out

Identity & Access Management System Help

Home **My Profile** **My Connections**

My Profile

My Information

To protect your information we are using an external authentication service provider, Experian, to help us verify your identity. We do not store the questions or your answers used in this process. At this time this verification is optional, but it will become required in the future. Would you like to confirm your identity now? Confirm My Identity Now

Name: **Home Address:**

Date of Birth:

SSN:

Business Phone Number: **Personal Phone Number:**

Fax Number: Modify My Information

Primary E-mail Address: Modify Primary E-mail

Password
Your Password will expire in **60 day(s)**. [Change Password](#)

Security
[Change Security Questions & Answers >](#)

Employer Information

Employer	My Role with this Employer	My Status with this Employer	PECOS	EHR	NPPES (Future)
No Employer Exists					

If you wish to add an employer, click "Add an Employer". Add an Employer ←

STEPS

To finish registering through the Identity & Access Management System, you will need to enter your personal information in the My Profile tab. If you would like to add an employer, you can do so at the bottom of the page.



TIPS

Click on [Help](#) for additional guidance to navigate the system

The [Help](#) link is on every page

Step 2 – Login (Continued)

Working on Behalf of an Eligible Professional

CMS Centers for Medicare & Medicaid Services Logged Sign Out

Identity & Access Management System Help

Home **My Profile** **My Connections**

My Profile ▶ Add Employer Search [◀ Back to Previous Page](#)

Search for Organizations or Individual Providers to be associated to by entering either Organization Name (with City/State or ZIP); or Last Name (for Individual Provider); or NPI (for Individual Provider or Organization).

Organization Name: NPI: **Search**

First Name: Last Name:

City: State: SE - Select One ZIP:

STEPS

To add an employer, enter the organization information including the NPI number. Click **Search**.



TIPS

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

The *Help* link is on every page

Step 2 – Login (Continued)

Working on Behalf of an Eligible Professional

Identity & Access Management System Help

Home My Profile My Connections

My Profile ▶ Add Employer Search « Back to Previous Page

Search for Organizations or Individual Providers to be associated to by entering either Organization Name (with City/State or ZIP); or Last Name (for Individual Provider); or NPI (for Individual Provider or Organization).

Organization Name: NPI:

First Name: Last Name:

City: State: SE - Select One ZIP:

Search Results

Name	Doing Business As	NPI	Address	View NPI	View Other Name
<input type="radio"/> John Doe				<input type="button" value="View NPI(s)"/>	<input type="button" value="View Other Name(s)"/>

If your employer information does not exist, please select "Add Employer Not in List". ←

STEPS

Select your employer from the search results. If your provider is not listed, click **Add Employer Not in List**.



TIPS

Click on Help for additional guidance to navigate the system

The Help link is on every page

Step 2 – Login (Continued)

Working on Behalf of an Eligible Professional

Identity & Access Management System Help

Home My Profile My Connections

My Profile ► Add Employer Search [◀ Back to Previous Page](#)

Search for Organizations or Individual Providers to be associated to by entering either Organization Name (with City/State or ZIP); or Last Name (for Individual Provider); or NPI (for Individual Provider or Organization).

Organization Name: NPI: **Search**

First Name: Last Name:

City: State: SE - Select One ZIP:

Search Results

Name	Doing Business As	NPI	Address	View NPI	View Other Name
John Doe				View NPI(s)	View Other Name(s)

Important Note: If you are not the Authorized Official or Delegated Official for your employer, please stop the user registration process, and contact your employer's Authorized Official or Delegated Official as they must initiate your registration.

* Identify the Contact E-mail Address for this Employer:
 Use My Primary E-mail Address **OR** Enter Employer E-mail Address: Confirm E-mail Address:
 Validate Employer E-mail Address

* Please select the role you are requesting for this employer:
- Select One -
Authorized Official (signatory for your organization authorized to legally bind the organization in agreements)
Delegated Official (managing users, updating account information for you provider/organization)

If your employer information does not exist, please select "Add Employer Not in List". **Add Employer Not in List**

Submit | [Cancel](#)

STEPS

Select **Delegated Official** as the role you are requesting for the provider.



TIPS

Click on Help for additional guidance to navigate the system

The Help link is on every page

Step 2 – Login (Continued)

Working on Behalf of an Eligible Professional

Home
My Profile
My Connections
My Staff

My Profile ▶ Add Employer ▶ Confirmation and Review
[◀ Back to Previous Page](#)

[Print this page](#)

You are requesting to be a(n) Delegated Official:

- You MUST complete Option A or Option B below before your registration to act on behalf of the Organization below will take effect in PECOS or EHR Incentive Program.
- OPTION A:**
Print, Sign and Submit to CMS the [Delegated Official Certification](#) for this request, along with the CP 575 [\[or approved alternate\]](#) issued by the IRS for the Organization for which you are requesting to be a Delegated Official.
- OPTION B:**
Please have an existing Authorized Official for this Organization approve your request by logging in to this system.

Contact Information

External User Services (EUS)
PO Box 792750
San Antonio, Texas 78279
Phone: 1-866-484-8049
TTY: 1-866-523-4759
EUSsupport@cql.com

The employer you have registered for is:

Legal Business Name: _____

EIN: _____

Mailing Address: _____

Phone Number: _____

Request Tracking ID: _____

NPI(s) associated with your employer are:

NPI	Legal Business Name	Location
XXXXXXXXXX		

Done ▶

STEPS

Once you have added your employer, verify the information in your profile is correct.

As the Delegated Official, you will need to complete Option A or have the Authorized Official confirm your request to be the Delegated Official, Option B.

When you are finished, click **Done**.



TIPS

Click on Help for additional guidance to navigate the system

The Help link is on every page

Step 2 – Login (Continued)

Working on Behalf of an Eligible Professional

CMS Centers for Medicare & Medicaid Services Logged Sign Out

Identity & Access Management System Help

Home **My Profile** **My Connections** **My Staff**

My Profile

My Information

To protect your information we are using an external authentication service provider, Experian, to help us verify your identity. We do not store the questions or your answers used in this process. At this time this verification is optional, but it will become required in the future. Would you like to confirm your identity now? Confirm My Identity Now

Name: **Home Address:**

Date of Birth:

SSN:

Business Phone Number: **Personal Phone Number:**

Fax Number: Modify My Information

Primary E-mail Address: nichole.davick@cms.hhs.gov Modify Primary E-mail

Password
Your Password will expire in **60 day(s)**. [Change Password](#)

Security
[Change Security Questions & Answers »](#)

Employer Information

Employer	My Role with this Employer	My Status with this Employer	PECOS	EHR	NPPES (Future)

If you wish to add an employer, click "Add an Employer". Add an Employer

STEPS

Once you have successfully added your employer, you will see the status of your request in your Profile tab.



TIPS

Click on [Help](#) for additional guidance to navigate the system

The [Help](#) link is on every page

Step 2 – Login (Continued)

Working on Behalf of an Eligible Professional

CMS Centers for Medicare & Medicaid Services Logged Sign Out

Identity & Access Management System Help

Home **My Profile** **My Connections** **My Staff**

Home

My Pending Connections

These are Pending Connection requests that have been sent to you or your organization and require your action to approve or reject.

Total Pending Providers: 1

These are Individual Providers or Healthcare Organizations who have requested you (or your organization) to work on their behalf. Approving these requests will allow you and your staff to work on their behalf.

Pending Requests

Approve **Reject**

News & Alerts

EUS Contact Information:
External User Services (EUS)
PO Box 792750
San Antonio, Texas 78279
Phone: 1-866-484-8049
TTY: 1-866-523-4759
EUSsupport@cgl.com

Quick Actions

Add Connection
Add Staff
Add Employer

Total Pending Surrogates: 0

STEPS

When your employer logs in to the Identity & Access Management System and reviews their Home tab, they will see any pending requests to connect.

There they can click **Approve** or **Reject**, or quickly add a connection, staff member, or other employer.



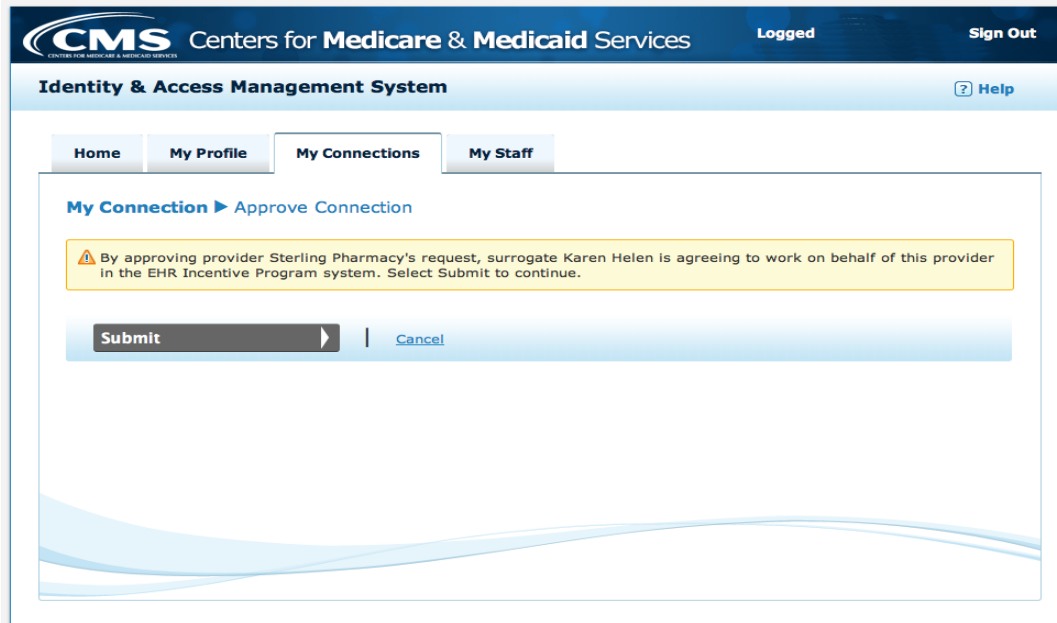
TIPS

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

The **Help** link is on every page

Step 2 – Login (Continued)

Working on Behalf of an Eligible Professional



STEPS

When your employer approves a connection, they will see a confirmation screen and will need to click **Submit**.



TIPS

Click on [Help](#) for additional guidance to navigate the system

The [Help](#) link is on every page

Step 2 – Login (Continued)

Working on Behalf of an Eligible Professional

Home
My Profile
My Connections
My Staff

My Connection ▶ Connection Detail [◀ Back to Previous Page](#)

Provider Details

Name:
[View Other Name\(s\)](#)

Doing Business As (DBA):

Business Mailing Address:

City:

State:

ZIP Code:

E-mail Address:

Phone:

NPI:

Business Functions Details

Business Function	Requested Date	Access Status	Tracking ID	Available Actions
EHR Incentive Program	09/04/2013	Approved	S67827	Disable

NPI(s) Associated with this Provider:

Provider Name	Doing Business As	NPI	Business Mailing Address

Notes

Date	Account Activity	Note

STEPS

.....

In the My Connections tab you can view the details and status of each of your connections.

Once your account is connected with the eligible professional or organization you are working with, you will be able to begin the registration and attestation process.



TIPS

Click on Help for additional guidance to navigate the system

The Help link is on every page

Step 3 – Welcome

If your login was successful you will receive the “Welcome Screen”.

My Account | Log Out | Help

Welcome

Home | Registration | Attestation | Status

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

Last Successful Login: | Unsuccessful Login Attempts: 0

Welcome Program, your first step is to register for the EHR Incentive Program.

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 through your State Medicaid Agency.

Status

- View current status of your registration

Web Policies & Important Links
CMS.gov

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.

Name	Tax Identifier	National Provider Identifier (NPI)	Incentive Type	Current Status	Action
			Medicare	You need to complete your registration for the EHR Incentive Program.	Select

STEPS

After you login, the system will alert you of your next step in the registration and attestation process, such as when your registration needs to be completed, or that it is time to begin attestation.

The Status tab will also display your next step in the process, like shown below.

Click on the **Attestation** tab to continue registering for the EHR Incentive Program.



TIPS

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

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

Meaningful Use information:

https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/Stage2_MeaningfuluseSpecsheet_Tablecontents_EPS.pdf

Step 3 – Welcome

If your login was successful you will receive the “Welcome Screen”.

STEPS

Select the appropriate program year that you are attesting for. For multiple records you may filter the records by NPI.

The **Attestation** tab will provide you the status of each provider for which you are attesting



TIPS

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

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

Meaningful Use information:

https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/Stage2_MeaningfuluseSpecsheet_Tablecontents_EPS.pdf

Step 4 – Attestation Instructions

Follow the registration instructions below.

**Medicare & Medicaid EHR Incentive Program
Registration and Attestation System**

My Account | Log Out | Help

Welcome Your Name

Home | Registration | **Attestation** | Status

Attestation

Medicare Attestation Instructions

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

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

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

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

Medicare Attestation Selection

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

Name	Tax Identifier	National Provider Identifier (NPI)	Medicare Attestation Status	Program Year	Payment Year	Action
John Doe						Attest

STEPS

Read the Attestation instructions.

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



TIPS

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

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

Batch attestation is available for large group practices. Click on http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/Batch_UserGuide.pdf for the Batch Attestation User Guide.

Step 5 – Topics for this Attestation

The data required is grouped into six topics for Attestation.

STEPS

Click on **Topic 1- “Attestation Information”** to begin the attestation process

Or

Click Continue with Attestation to begin the attestation process



TIPS

TOPICS PROGRESS

There are six topics that are required for attestation

1 2 3 4 5 6

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** user can select **“Continue with Attestation”**

Step 6 – Attestation Information

Medicare & Medicaid EHR Incentive Program Registration and Attestation System

My Account | Log Out | Help

Welcome Your Name

Home | Registration | **Attestation** | Status

Attestation Information

(*) Red asterisk indicates a required field.

Name: Your Name
TIN:

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

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

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

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

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

Previous | **Save & Continue**

Web Policies & Important Links | CMS.gov | Accessibility

Attestation Information

You have been identified as a Hospital-Based Eligible Professional for this EHR Reporting Period. You are not eligible to participate in the Medicare EHR Incentive Program for this EHR Reporting Period.

(*) Red asterisk indicates a required field.

Name: John B
TIN:

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

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

Please provide the EHR reporting period associated with this attestation:
A minimum of 90 days must be specified for your first meaningful use attestation. Please enter your EHR Reporting Period within the same calendar year.

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

Save & Continue | Previous

STEPS

Enter your CMS EHR Certification Number

Enter the period start and end date of the reporting period you are attesting for

Click on **Save & Continue**

Note: If you are deemed a hospital-based provider you will not be eligible to participate in the Medicare EHR Incentive Program for this reporting period. Please note that your hospital based status is checked yearly and may differ based on your EHR Reporting Period in subsequent years



TIPS

The reporting period must be a calendar quarter. To attest for the Medicare EHR Incentive Program in subsequent years, you will need to have met meaningful use for a full year

The CMS EHR Certification Number is 15 characters long and the alphanumeric number is case sensitive and is required to proceed with attestation

To locate your CMS EHR certification number, click on "How do I find my EHR certification number?"

Follow the instructions on the CHPL website to obtain your CMS EHR Certification Number

TOPICS PROGRESS

This is the first of six topics required for attestation

1

2

3

4

5

6

Step 7 –

Meaningful Use Core Measures Questionnaire (1B of 17)

Read the objective and measure and respond as appropriate.

Medicare & Medicaid EHR Incentive Program
Registration and Attestation System

My Account | Log Out | Help
Welcome John Doe

Home | Registration | **Attestation** | Status

Meaningful Use Core Measures

Questionnaire: (1B of 17)

John Doe
Tax Identifier: XXX-XX-XXXX (SSN)
NPI:
Program Year: 2014

(* Red asterisk indicates a required field.)

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

Measure: More than 60 percent of medication orders created by the EP during the EHR reporting period are recorded using CPOE.

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

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

Yes No

***PATIENT RECORDS:** Please select whether 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 during the EHR reporting period that are recorded using CPOE.

Denominator The number of medication orders created by the EP 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

Answer Yes or No to the Exclusion question

Click on **Save & Continue** to continue with your attestation

If you click No the screen will expand and you must enter the numerator and denominator for the measure



TIPS

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

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

TOPICS PROGRESS

This is the second of six topics required for attestation

1

2

3

4

5

6

Step 8 –

Meaningful Use Core Measures Questionnaire (IC of 17)

Read the objective and measure and respond as appropriate.

The screenshot displays the Medicare & Medicaid EHR Incentive Program Registration and Attestation System. At the top, there is a navigation bar with 'Home', 'Registration', 'Attestation', and 'Status' tabs. The 'Attestation' tab is active. A user profile box shows 'John Doe' with fields for 'Tax Identifier: XXX-XX- XXXX (SSN)', 'NPI:', and 'Program Year: 2014'. The main content area is titled 'Meaningful Use Core Measures' and 'Questionnaire: (1C of 17)'. It contains an objective, a measure, and an exclusion question: '*Does this exclusion apply to you?' with radio buttons for 'Yes' and 'No'. Below this is a question about patient records: '*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.' with two radio button options. At the bottom, there are input fields for '*Numerator: 1' and '*Denominator: 1'. A lightbulb icon is on the left. At the bottom right, there is a photo of three healthcare professionals. Navigation buttons include 'Previous', 'Return to Attestation Progress', and 'Save & Continue' (circled in red).

STEPS

Select the appropriate option under Patient Records

Answer Yes or No to the Exclusion question

Click on **Save & Continue** to continue with your attestation

If you click No the screen will expand and you must enter the numerator and denominator for the measure



TIPS

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

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

TOPICS PROGRESS

This is the second of six topics required for attestation

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

Step 9 –

Meaningful Use Core Measures Questionnaire (1D of 17)

Read the objective and measure and respond as appropriate.

Medicare & Medicaid EHR Incentive Program
Registration and Attestation System

My Account | Log Out | Help

Welcome John Doe

Home | Registration | **Attestation** | Status

Meaningful Use Core Measures

Questionnaire: (1D of 17)

(* Red asterisk indicates a required field.)

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

Measure: More than 30 percent of radiology orders created by the EP during the EHR reporting period are recorded using CPOE.

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

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

Yes No

***PATIENT RECORDS:** Please select whether 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 radiology orders in the denominator during the EHR reporting period that are recorded using CPOE.

Denominator The number of radiology orders created by the EP during the EHR reporting period.

*Numerator: 1 *Denominator: 1

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

Answer Yes or No to the Exclusion question

Click on **Save & Continue** to continue with your attestation

If you click No the screen will expand and you must enter the numerator and denominator for the measure



TIPS

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

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

TOPICS PROGRESS

This is the second of six topics required for attestation

1

2

3

4

5

6

Step 10 – Meaningful Use Core Measures Questionnaire (2 of 17)



Medicare & Medicaid EHR Incentive Program
Registration and Attestation System

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

Welcome John Doe

Home
Registration
Attestation
Status

Meaningful Use Core Measures

Questionnaire: (2 of 17)

(*) Red asterisk indicates a required field.

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

Measure: More than 50 percent of all permissible prescriptions, or all prescriptions, written by the EP are queried for a drug formulary and transmitted electronically using Certified EHR Technology.

EXCLUSION - Based on All patient records: Any EP who writes fewer than 100 prescriptions during the EHR reporting period or does not have a pharmacy within their organization and there are no pharmacies that accept electronic prescriptions within 10 miles of the EP's practice location at the start of his or her EHR reporting period is excluded from this measure. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

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

Yes
 No

***PATIENT RECORDS:** Please select whether 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 permissible prescriptions or all prescriptions, in the denominator that were written by the EP that are queried for a drug formulary and transmitted electronically using Certified EHR Technology during the reporting period.

Denominator The number of permissible prescriptions or all prescriptions that were written by the EP during the reporting period.

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

John Doe
Tax Identifier: XXX-XX- XXXX (SSN)
NPI:
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.

STEPS

Select the appropriate option under Patient Records. Answer Yes or No to the Exclusion question

Click on **Save & Continue** to continue with your attestation



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 second of six topics required for attestation



Step 11 – Meaningful Use Core Measures Questionnaire (3 of 17)



STEPS

.....

Enter the Numerator and Denominator

Click on **Save & Continue** to continue with your attestation

Medicare & Medicaid EHR Incentive Program Registration and Attestation System

My Account | Log Out | Help

Welcome John Doe

Home | Registration | **Attestation** | Status

Meaningful Use Core Measures

Questionnaire: (3 of 17)

(* 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.

Measure: More than 80 percent of all unique patients seen by the EP 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 seen by the EP during the EHR reporting period that have demographics recorded as structured data.

Denominator The number of all unique patients seen by the EP 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**

Web Policies & Important Links | Department of Health & Human Services

CMS.gov | Accessibility | File Formats and Plugins

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES



TIPS

Numerator and Denominator must be whole numbers

Click on HELP for additional guidance to navigate the system

The Help link is on every page

TOPICS PROGRESS

This is the second of six topics required for attestation

1

2

3

4

5

6

Step 12 – Meaningful Use Core Measures Questionnaire (4 of 17)

My Account | Log Out | Help
Welcome John Doe

Home | Registration | **Attestation** | Status

Meaningful Use Core Measures

Questionnaire: (4 of 17)

John Doe
Tax Identifier: XXX-XX- XXXX (SSN)
NPI:
Program Year: 2014

(*) 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 seen by the EP 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.

EXCLUSION: Any EP who meets part or all of the following exclusions may be excluded from part or all of this objective.

EXCLUSION 1 - Based on all unique patient records: Any EP that believes that all three vital signs of height/length, weight, and blood pressure have no relevance to their scope of practice is excluded from recording them.
***Does this exclusion apply to you?**
 Yes No

EXCLUSION 2 - Based on all unique patient records: Any EP who sees no patients 3 years or older is excluded from recording blood pressure.
***Does this exclusion apply to you?**
 Yes No

EXCLUSION 3 - Based on all unique patient records: Any EP who believes that blood pressure is not relevant to their scope of practice is excluded from recording blood pressure.
***Does this exclusion apply to you?**
 Yes No

EXCLUSION 4 - Based on all unique patient records: Any EP who believes that height/length and weight are not relevant to their scope of practice is excluded from recording height length and weight.
***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 in the denominator seen by the EP during the EHR reporting period that has height/length/weight and blood pressure recorded as structured data.

Denominator The number of all unique patients seen by the EP during the EHR reporting period.

***Numerator:** 1 ***Denominator:** 1

STEPS

Select the appropriate option under Patient Records

Answer Yes or No to the exclusion question

Enter the Numerator and Denominator

Click on **Save & Continue** to continue with your attestation

If you click No the screen will expand and you must enter the numerator and denominator for the measure



TIPS

Enter the Numerator and Denominator if the exclusion does not apply to you

Click on Help for additional guidance to navigate the system

The Help link is on every page

TOPICS PROGRESS

This is the second of six topics required for attestation

1

2

3

4

5

6

Step 13 – Meaningful Use Core Measures Questionnaire (5 of 17)



Medicare & Medicaid EHR Incentive Program
Registration and Attestation System

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

Welcome John Doe

Home

Registration

Attestation

Status

Meaningful Use Core Measures

Questionnaire: (5 of 17)

(* 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 seen by the EP during the EHR reporting period have smoking status recorded as structured data.

EXCLUSION - Based on All patient records: Any EP who sees no patients 13 years or older is excluded from this objective. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

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

Yes No

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

*Numerator: *Denominator:

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

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



STEPS

Select the appropriate option under Patient Records

Answer Yes or No to the Exclusion

Enter a Numerator and Denominator

Click **Save & Continue**

NOTE: 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

TIPS

Numerator and Denominator must be whole numbers

Click on Help for additional guidance to navigate the system

The Help link is on every page

TOPICS PROGRESS

This is the second of six topics required for attestation

1

2

4

5

6

Step 14 – Meaningful Use Core Measures Questionnaire (6A of 15)

Medicare and Medicaid EHR Incentive Program
Registration and Attestation System

My Account | Log Out | Help
Welcome John Doe

Home | Registration | **Attestation** | Status

Meaningful Use Core Measures

Questionnaire: (6A of 17)

John Doe
Tax Identifier: XXX-XX-XXXX (SSN)
NPI:
Program Year: 2014

(*) Red asterisk indicates a required field.

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

Measure: 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 EPs scope of practice or 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 EPs scope of practice or 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.

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

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

STEPS

Select Yes or No

Click on **Save & Continue**

Step 15 – Meaningful Use Core Measures Questionnaire (6B of 15)

Medicare and Medicaid EHR Incentive Program
Registration and Attestation System

My Account | Log Out | Help
Welcome John Doe

Home | Registration | **Attestation** | Status

Meaningful Use Core Measures

Questionnaire: (6B of 17)

John Doe
Tax Identifier: XXX-XX-XXXX (SSN)
NPI:
Program Year: 2014

(*) Red asterisk indicates a required field.

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

Measure: The EP has enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period.

EXCLUSION: Any EP who writes fewer than 100 medications during 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

Complete the following information:

*Have you 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.

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

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

Select Yes or No under the exclusion

Click on **Save & Continue**

TOPICS PROGRESS

This is the second of six topics required for attestation

1

2

3

4

5

6

Step 16 – Meaningful Use Core Measures Questionnaire (7 of 17)

Meaningful Use Core Measures

Questionnaire: (7 of 17)

(*) Red asterisk indicates a required field.

John Doe
Tax Identifier: XXX-XX- XXXX (SSN)
NPI:
Program Year: 2014

Objective: Incorporate clinical lab-test results into Certified EHR Technology as structured data.

Measure: More than 55 percent of all clinical lab tests results ordered by the EP during the EHR reporting period whose results are either in a positive/negative affirmation or numerical format are incorporated in Certified EHR Technology as structured data.

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

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

Yes
 No

***PATIENT RECORDS:** Please select whether 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 clinical lab tests results included in the denominator that were ordered by the EP during the EHR reporting period whose results are either in a positive/negative affirmation or numerical format are incorporated in Certified EHR Technology as structured data during the EHR reporting period.


Denominator The number of clinical lab tests results ordered by the EP 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.



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


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

STEPS

-
- Select Patient Records
- Answer Yes or No to the Exclusion
- Enter the Numerator and Denominator
- Click **Save & Continue** to proceed with attestation



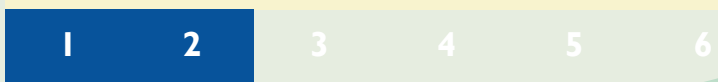
TIPS

Numerator and Denominator must be whole numbers

You may select the Previous button to go back

TOPICS PROGRESS

This is the second of six topics required for attestation



Step 17 –

Meaningful Use Core Measures Questionnaire (8 of 17)

STEPS

Select the appropriate option under Patient Records

Answer Yes or No to the Exclusion

Enter the Numerator and Denominator

Click **Save & Continue** to proceed with attestation



TIPS

TOPICS PROGRESS

This is the second of six topics required for attestation

Numerator and Denominator must be whole numbers

You may select the Previous button to go back

1

2

3

4

5

6

Step 18 – Meaningful Use Core Measures Questionnaire (9 of 17)

**Medicare & Medicaid EHR Incentive Program
Registration and Attestation System**

My Account | Log Out | Help

Welcome John Doe

Home | Registration | **Attestation** | Status

Meaningful Use Core Measures

Questionnaire: (9 of 17)

(*) Red asterisk indicates a required field.

Objective: Use clinically relevant information to identify patients who should receive reminders for preventive/follow-up care and send these patients the reminder, per patient preference.

Measure: More than 10 percent of all unique patients who have had two office visits with the EP within the 24 months before the beginning of the EHR reporting period were sent a reminder, per patient preference when available.

EXCLUSION - Based on all unique patient records: Any EP who has had no office visits in the 24 months before the beginning of the EHR reporting period is excluded from this objective. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

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

Yes No

***PATIENT RECORDS:** Please select whether 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 included in the denominator who have had two office visits with the EP within the 24 months before the beginning of the EHR reporting period and were sent a reminder, per patient preference when available.

Denominator The number of unique patient who have had two office visits with the EP within the 24 months before the beginning of the EHR reporting period.

*Numerator: 1 *Denominator: 1

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

Please select the **Previous** button to go back or the **Save & Continue** button to save your progress 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

Answer Yes or No to the Exclusion

Click **Save & Continue** to proceed with attestation



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 have a check mark on the Topics screen

TOPICS PROGRESS

This is the second of six topics required for attestation



Step 19 –

Meaningful Use Core Measures Questionnaire (10 of 17)

Questionnaire: (10 of 17)
(* Red asterisk indicates a required field.)

Objective: Provide patients the ability to view online, download, and transmit their health information within 4 business days of the information being available to the EP.

Measure: More than 50 percent of all unique patients seen by the EP during the EHR reporting period are provided timely (available to the patient within 4 business days after the information is available to the EP) online access to their health information subject to the EP's discretion to withhold certain information.

EXCLUSION - Based on all unique patient records: Any EP who neither orders nor creates any of the information listed for inclusion as part of this measure is excluded from both measure A and B. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

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

Yes No

***PATIENT RECORDS:** Please select whether 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 included in the denominator seen by the EP during the EHR reporting period are provided timely (available to the patient within 4 business days after the information is available to the EP) online access to their health information subject to the EP's discretion to withhold certain information.

Denominator: The number of unique patients seen by the EP during the EHR reporting period.

*Numerator: *Denominator:

Measure: More than 5 percent of all unique patients seen by the EP during the EHR reporting period (or their authorized representatives) view, download or transmit to a third party their health information.

EXCLUSION - Based on all unique patient records: Any EP that conducts 50 percent or more of his or her patient encounters 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

***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 included in the denominator seen by the EP during the EHR reporting period (or their authorized representatives) that view, download or transmit to a third party their health information.

Denominator: The number of patients seen by the EP 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

STEPS

Select the appropriate under Patient Records

Answer Yes or No to the Exclusion

Enter the Numerator and Denominator

Click **Save & Continue** to proceed with attestation

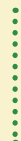


TIPS

TOPICS PROGRESS

This is the second of six topics required for attestation

Numerator and Denominator must be whole numbers



You may select the Previous button to go back

1

2

3

4

5

6

Step 20 – Meaningful Use Core Measures Questionnaire (11 of 17)

**Medicare & Medicaid EHR Incentive Program
Registration and Attestation System**

My Account | Log Out | Help
Welcome John Doe

Home | Registration | **Attestation** | Status

Meaningful Use Core Measures

Questionnaire: (11 of 17)

(*) Red asterisk indicates a required field.

Objective: Provide clinical summaries for patients for each office visit.

Measure: Clinical summaries provided to patients within 1 business day for more than 50 percent of office visits.

EXCLUSION: Any EP who has no office visits during the EHR reporting period is excluded from this objective. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

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

Yes No

***PATIENT RECORDS:** Please select whether 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 patients included in the denominator that were provided clinical summaries within 1 business day of an office visit during the EHR reporting period.

Denominator The number of patients seen in an office visit by the EP during the EHR reporting period.

*Numerator: 1 *Denominator: 1

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**

Web Policies & Important Links | Department of Health & Human Services | CMS

STEPS

Select the appropriate under Patient Records

Answer Yes or No to the Exclusion

Enter the Numerator and Denominator

Click **Save & Continue** to proceed with attestation



TIPS

TOPICS PROGRESS

This is the second of six topics required for attestation

Numerator and Denominator must be whole numbers

You may select the Previous button to go back

1

2

3

4

5

6

Step 21 –

Meaningful Use Core Measures Questionnaire (12 of 17)



Medicare & Medicaid EHR Incentive Program
Registration and Attestation System

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

Welcome John Doe

Home

Registration

Attestation

Status

Meaningful Use Core Measures

Questionnaire: (12 of 17)

(*) Red asterisk indicates a required field.

John Doe
Tax Identifier: XXX-XX- XXXX (SSN)
NPI:
Program Year: 2014

Objective: Use clinically relevant information from Certified EHR Technology to identify patient-specific education resources and provide those resources to the patient.

Measure: Patient-specific education resources identified by Certified EHR Technology are provided to patients for more than 10 percent of unique patients with office visits seen by the EP.

EXCLUSION: Any EP who has no office visits during the EHR reporting period is excluded from this objective. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

*Does this exclusion apply to you?

Yes No

*PATIENT RECORDS: Please select whether 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 unique patients included in the denominator that were provided patient-specific education resources identified by Certified EHR Technology during the EHR reporting period.

Denominator The number of unique patients with office visits seen by the EP during the EHR reporting period.

*Numerator: 1 *Denominator: 1

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

Select Yes or No for the **EXCLUSION**

If the exclusion applies to you, click **Save & Continue**

If the exclusion does not apply to you, check No

Enter the Numerator and Denominator

Click **Save & Continue**



TIP

NOTE: 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 second of six topics required for attestation

1

2

3

4

5

6

Step 22 – Meaningful Use Core Measures Questionnaire (13 of 17)



Medicare & Medicaid EHR Incentive Program
Registration and Attestation System

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

Welcome John Doe

Home

Registration

Attestation

Status

Meaningful Use Core Measures

Questionnaire: (13 of 17)

(*) Red asterisk indicates a required field.

Objective: The EP who receives a patient from another setting of care or provider or care or believes an encounter is relevant should perform medication reconciliation.

Measure: The EP performs medication reconciliation for more than 50 percent of transitions of care in which the patient is transitioned into the care of the EP.

EXCLUSION: Any EP who was not the recipient of any transitions of care during the EHR reporting period. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

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

Yes No

***PATIENT RECORDS:** Please select whether 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 transitions of care in which the patient is transitioned into the care of the EP included in the denominator where the EP performs medication reconciliation during the EHR reporting period.

Denominator The number of transitions of care in which the patient is transitioned into the care of the EP 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

Select Yes or No for the **EXCLUSION**

If the exclusion applies to you, click **Save & Continue**

If the exclusion does not apply to you, check No

Enter the Numerator and Denominator

Click **Save & Continue**

TOPICS PROGRESS

This is the second of six topics required for attestation

1

2

3

4

5

6

Step 23 – Meaningful Use Core Measures Questionnaire (14 of 17)



Medicare & Medicaid EHR Incentive Program
Registration and Attestation System

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

Welcome John Doe

[Home](#)

[Registration](#)

Attestation

[Status](#)

Meaningful Use Core Measures

Questionnaire: (14 of 17)

(*) Red asterisk indicates a required field.

John Doe
Tax Identifier: XXX-XX-XXXX (SSN)
NPI:
Program Year: 2014

Objective: The EP who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care should provide summary care record for each transition of care or referral.

Measure: The EP that transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 50 percent of transitions of care and referrals.

EXCLUSION: Any EP who transfers a patient to another setting or refers a patient to another provider less than 100 times during the EHR reporting period is excluded from measures A, B and C. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

*Does this exclusion apply to you?

Yes No

*PATIENT RECORDS: Please select whether 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 transitions or referrals of care to another setting of care or provider of care included in the denominator where the EP provides a summary of care record during the EHR reporting period.

Denominator The number of patient transitions or referrals of care to another setting of care or provider of care during the EHR reporting period.

*Numerator: 1 *Denominator: 1

Measure: The EP that transitions or refers their patient to another setting of care or provider of care provides a summary of care record when either of the following occurs: (1) Electronically transmitted to a recipient using certified EHR technology. (2) Where the recipient receives the summary of care record via exchange facilitated by an organization that is a NwHIN Exchange participant or is validated through an ONC established governance mechanism to facilitate exchange for 10 percent of transitions and referrals.

*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 transitions or referrals of care to another setting of care or provider of care included in the denominator where the EP provides a summary of care record when either of the following occurs during the EHR reporting period:

STEPS

Select the appropriate option under Patient Records

Answer Yes or No to the Exclusion

Enter the Numerator and Denominator

Select Yes or No under the EHR reporting period

Click **Save & Continue** to process with attestation

TOPICS PROGRESS

This is the second of six topics required for attestation

1

2

3

4

5

6

Step 24 – Meaningful Use Core Measures Questionnaire (15 of 17)



Medicare & Medicaid EHR Incentive Program
Registration and Attestation System

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

Welcome John Doe

Home

Registration

Attestation

Status

Meaningful Use Core Measures

Questionnaire: (15 of 17)

(*) Red asterisk indicates a required field.

John Doe
Tax Identifier: XXX-XX- XXX (SSN)
NPI:
Program Year: 2014

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: An EP must have 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 EP 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 EP from achieving meaningful use.

EXCLUSION 1: Any EP that does not administer any of the immunizations to any of the populations for which data is collected by their jurisdiction's immunization registry or immunization information system during the EHR reporting period is excluded from this objective.

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

Yes No

EXCLUSION 2: Any EP that 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 his or her EHR reporting period is excluded from this objective.

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

Yes No

EXCLUSION 3: Any EP that operates in a jurisdiction where no immunization registry or immunization information system provides information timely on capability to receive immunization data is excluded from this objective.

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

Yes No

EXCLUSION 4: Any EP that 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 his or her EHR reporting period can enroll additional EPs is excluded from this objective.

***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

STEPS

Select Yes or No under the Exclusions

Click **Save & Continue**

TOPICS PROGRESS

This is the second of six topics required for attestation

1

2

3

4

5

6

Step 25 – Meaningful Use Core Measures Questionnaire (16 of 17)



Medicare & Medicaid EHR Incentive Program
Registration and Attestation System

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

Welcome John Doe

STEPS

.....
Select Yes or No under
the Exclusions

Click **Save & Continue**

Home Registration **Attestation** Status

Meaningful Use Core Measures

Questionnaire: (16 of 17)

(* Red asterisk indicates a required field.)

Objective: Protect electronic health information created or maintained by the Certified EHR Technology through the implementation of appropriate technical capabilities.

Measure: Conduct or review a security risk analysis in accordance with the requirements under 45 CFR 164.308(a)(1), including addressing the encryption/security of data at rest in accordance with requirements under 45 CFR 164.312 (a)(2)(iv) and 45 CFR 164.306(d)(3), and implement security updates as necessary and correct identified security deficiencies as part of the EP's risk management process.

Complete the following information:

*Have you conducted or reviewed a security risk analysis in accordance with the requirements under 45 CFR 164.308(a)(1), including addressing the encryption/security of data at rest in accordance with requirements under 45 CFR 164.312 (a)(2)(iv) and 45 CFR 164.306(d)(3), and implemented security updates as necessary and corrected identified security deficiencies as part of the EP's risk management process during the 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.

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

John Doe
Tax Identifier: XXX-XX- XXXX (SSN)
NPI:
Program Year: 2014

Web Policies & Important Links Department of Health & Human Services

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

TOPICS PROGRESS

This is the second of six topics
required for attestation

1

2

3

4

5

6

Step 26 – Meaningful Use Core Measures Questionnaire (17 of 17)



Medicare & Medicaid EHR Incentive Program
Registration and Attestation System

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

Welcome John Doe

Home

Registration

Attestation

Status

Meaningful Use Core Measures

Questionnaire: (17 of 17)

(*) Red asterisk indicates a required field.

John Doe
Tax Identifier: XXX-XX- XXXX (SSN)
NPI:
Program Year: 2014

Objective: Use secure electronic messaging to communicate with patients on relevant health information.

Measure: An EP must send a secure message using the electronic messaging function of Certified EHR Technology by more than 5 percent of unique patients (or their authorized representatives) seen by the EP during the EHR reporting period.

EXCLUSION: Any EP who meets one or more of the following criteria is excluded from this objective. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

EXCLUSION 1: Any EP who has no office visits during the EHR reporting period is excluded from this objective.

*Does this exclusion apply to you?

Yes No

EXCLUSION 2: Any EP who conducts 50 percent or more of his or her patient encounters 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 their EHR reporting period.

*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:

*A secure message was sent using the electronic messaging function of Certified EHR Technology by more than 5 percent of unique patients (or their authorized representatives) seen by the EP during the 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

STEPS

.....
Select the appropriate under Patient Records

Answer Yes or No to Exclusion 1 & 2

Enter the Numerator and Denominator

Click **Save & Continue** to process with attestation

TOPICS PROGRESS

This is the second of six topics required for attestation

1

2

3

4

5

6

Step 27 – Meaningful Use Menu Measures Questionnaire



Medicare & Medicaid EHR Incentive Program
Registration and Attestation System

My Account | Log Out | Help

Welcome John Doe

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.

Objective	Measure	Select
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 one or more images ordered by the EP during the EHR reporting period are accessible through Certified EHR Technology.	<input checked="" type="checkbox"/>
Record patient family health history as structured data.	More than 20 percent of all unique patients seen by the EP during the EHR reporting period have a structured data entry for one or more first-degree relatives.	<input type="checkbox"/>
Capability to submit electronic syndromic surveillance data to public health agencies and actual submission except where prohibited and according to applicable law and practice.	An EP must have a successful ongoing submission of electronic syndromic surveillance data from Certified EHR Technology to a public health agency for the entire EHR reporting period.	<input checked="" type="checkbox"/>
Capability to identify and report cancer cases to a public health central cancer registry, except where prohibited, and in accordance with applicable law and practice.	An EP must have a successful ongoing submission of cancer case information from Certified EHR Technology to a public health central cancer registry for the entire EHR reporting period.	<input type="checkbox"/>
Capability to identify and report specific cases to a specialized registry (other than a cancer registry), except where prohibited, and in accordance with applicable law and practice.	An EP must have a successful ongoing submission of specific case information from Certified EHR Technology to a specialized registry for the entire EHR reporting period.	<input checked="" type="checkbox"/>
Record electronic notes in patient records.	Enter at least one electronic progress note created, edited, and signed by an EP for more than 30 percent of unique patients with at least one office visit 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"/>

John Doe
Tax Identifier: XXX-XX-XXXX (SSN)
NPI:
Program Year: 2014

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

STEPS

Read the instructions and select **three (3)** measures from the Meaningful Use Menu Measures by clicking on the box immediately following the measure

Click **Save & Continue**



TIPS

You must select from both lists even if an exclusion applies to all measures

The Attestation module will only show you the 3 you selected

TOPICS PROGRESS

This is the third of six topics required for attestation



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

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

Step 28 – Review of the Meaningful Use Menu Measures

Menu Measure 1 of 3

Questionnaire: (1 of 3)

(*) Red asterisk indicates a required field.

Objective: Imaging results consisting of the image itself and any explanation or other accompanying information are accessible through Certified EHR Technology.

Measure: More than 10 percent of all tests whose result is one or more images ordered by the EP during the EHR reporting period are accessible through Certified EHR Technology.

EXCLUSION: Any EP who meets one or more of the following criteria is excluded from this objective. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

EXCLUSION 1: Any EP who orders less than 100 tests whose result is an image during the EHR reporting period.

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

Yes No

EXCLUSION 2: Any EP who has no access to electronic images at the start of the EHR reporting period. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

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

Yes No

***PATIENT RECORDS:** Please select whether 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 tests included in the denominator whose result is one or more images ordered by the EP during the EHR reporting period are accessible through Certified EHR Technology.

Denominator The number of tests whose result is one or more images ordered by the EP during the EHR reporting period.

***Numerator:** 1 ***Denominator:** 1

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

STEPS

.....
Select the appropriate under Patient Records

Answer Yes or No to Exclusion 1 & 2

Enter the Numerator and Denominator

Click **Save & Continue** to process with attestation



TIPS

While this User Guide reviews all six measures, the Attestation module will only show you the **three** you selected

TOPICS PROGRESS

This is the third of six topics required for attestation

1

2

3

4

5

6

Step 29 – Review of the Meaningful Use Menu Measures (cont.)

Menu Measures 2 of 3

**Medicare & Medicaid EHR Incentive Program
Registration and Attestation System**

My Account | Log Out | Help

Welcome John Doe

Home | Registration | **Attestation** | Status

Meaningful Use Menu Measures

Questionnaire: (2 of 3)

(*) Red asterisk indicates a required field.

Objective: Capability to submit electronic syndromic surveillance data to public health agencies and actual submission except where prohibited and according to applicable law and practice.

Measure: An EP must have a successful ongoing submission of electronic syndromic surveillance data from Certified EHR Technology to a public health agency for the entire EHR reporting period.

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

EXCLUSION 1: Any EP that is not in a category of providers who collect ambulatory syndromic surveillance information on their patients during the EHR reporting period is excluded from this objective.

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

Yes No

EXCLUSION 2: Any EP that 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 is excluded from this objective.

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

Yes No

EXCLUSION 3: Any EP that operates in a jurisdiction where no public health agency provides timely information on capability to receive syndromic surveillance data is excluded from this objective.

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

Yes No

EXCLUSION 4: Any EP that 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 EPs is excluded from this objective. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

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

Yes No

Complete the following information:

***The EP had successful ongoing submission of electronic syndromic surveillance data from Certified EHR Technology to a public health agency for the entire EHR reporting period?**

Yes No

John Doe
Tax Identifier: XXX-XX-XXXX (SSN)
NPI:
Program Year: 2014

STEPS

Answer Yes or No to
Exclusion 1, 2, 3 & 4

Enter the Numerator
and Denominator

Click **Save & Continue**
to process with
attestation



TIPS

While this User Guide reviews all six measures, the Attestation module will only show you the **three** you selected

TOPICS PROGRESS

This is the third of six topics required for attestation



Step 30 – Review of the Meaningful Use Menu Measures (cont.)

Menu Measures 3 of 3



Medicare & Medicaid EHR Incentive Program
Registration and Attestation System

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

Welcome John Doe

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

Meaningful Use Menu Measures

Questionnaire: (3 of 3)

(*) Red asterisk indicates a required field.

Objective: Capability to identify and report specific cases to a specialized registry (other than a cancer registry), except where prohibited, and in accordance with applicable law and practice.

Measure: An EP must have a successful ongoing submission of specific case information from Certified EHR Technology to a specialized registry for the entire EHR reporting period.

EXCLUSION: Any EP that meets any one of the following is excluded from the objective. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

EXCLUSION 1: Any EP that does not diagnose or directly treat any disease associated with a specialized registry sponsored by a national specialty society for which the EP is eligible, or the public health agencies in their jurisdiction is excluded from this objective.

*Does this exclusion apply to you?

Yes No ←

EXCLUSION 2: Any EP that operates in a jurisdiction for which no specialized registry sponsored by a public health agency or by a national specialty society for which the EP is eligible is capable of receiving electronic specific case information in the specific standards required by Certified EHR Technology at the beginning of their EHR reporting period is excluded from this objective.

*Does this exclusion apply to you?

Yes No ←

EXCLUSION 3: Any EP that operates in a jurisdiction where no public health agency or national specialty society for which the EP is eligible provides information timely on capability to receive information into their specialized registries is excluded from this objective.

*Does this exclusion apply to you?

Yes No ←

EXCLUSION 4: Any EP that operates in a jurisdiction for which no specialized registry sponsored by a public health agency or by a national specialty society for which the EP is eligible that is capable of receiving electronic specific case information in the specific standards required by Certified EHR Technology at the beginning of his or her EHR reporting period can enroll additional EPs is excluded from this objective.

*Does this exclusion apply to you?

Yes No ←

Complete the following information:

*The EP had successful ongoing submission of specific case information from Certified EHR Technology to a specialized registry for the entire EHR reporting period?

Yes No ←

John Doe
Tax Identifier: XXX-XX- XXXX (SSN)
NPI:
Program Year: 2014

STEPS

Answer Yes or No to Exclusion 1, 2, 3 & 4

Enter the Numerator and Denominator

Click **Save & Continue** to process with attestation



TIPS

While this User Guide reviews all six measures, the Attestation module will only show you the **three** you selected

TOPICS PROGRESS

This is the third of six topics required for attestation

1

2

3

5

Step 3I – Clinical quality measures (CQM) – Reporting Clinical Quality Measures



Medicare & Medicaid EHR Incentive Program
Registration and Attestation System

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

Welcome John Doe

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 clinical quality measure (CQM) data electronically using the Medicare EHR Incentive eReporting option (using the most recent versions) for calendar year 2014 **OR** I will submit my CQM data using the Comprehensive Primary Care (CPC) attestation module. For more information regarding eReporting and CPC participants, including instructions on how to determine the CQM versions you are able to report, please click [here](#).
- Option 2:** I will submit my clinical quality measure data right now through attestation. By selecting option 2, I understand that I will only receive credit for submitting quality measures for the EHR Incentive Program, not for any other quality measurement program.

John Doe
Tax Identifier: XXX-XX- XXXX (SSN)
NPI:
Program Year: 2014

Eligible professionals participating in the Medicare EHR Incentive eReporting option must electronically report CQM results via an Office of the National Coordinator for Health Information Technology (ONC) "Certified" EHR Data Submission Vendor or their Direct EHR-Based Reporting. Only the following reporting options qualify towards this component of Meaningful Use:

- Physician Quality Reporting System (PQRS) EHR Reporting Option
- PQRS Group Practice Reporting Option (GPRO) Web Interface
- PQRS Qualified Clinical Data Registries (QCDR)
 - Note: Can only submit the 64 CQMs finalized in the Stage 2 final rule QCDR option
- Medicare Shared Savings Program (MSSP) - Accountable Care Organization
- Pioneer ACOs
- Comprehensive Primary Care Initiative (CPC)

For more information about these reporting options, please visit their individual webpages on visit www.cms.gov.

Note:Data submitted using PQRS Claims-Based Reporting and PQRS Registry will **NOT** be accepted, therefore, resulting in ineligibility for the EHR incentive program.

Question? Please reference the [Clinical Quality Measure Page](#) for more related information.

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 be saved. Select the **Save & Continue** button to save your entry and proceed.

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

Attestation Progress

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

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

1	Attestation Information	Completed
2	Meaningful Use Core Measures	Completed
3	Meaningful Use Menu Measures	Completed
4	Clinical Quality Measures	Electronic Reporting Program

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](#)

STEPS

Select Option 1 or 2

If you choose Option 1, you must electronically report.

Click on the link in the Option 1 bullet for more information.

If you choose Option 2, you may enter the CQMs manually to complete your attestation.

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

Step 32 – Submission Process: Attestation Statements

Select a minimum of 9 Clinical Quality Measures from the list below. Your selection must include at least 3 of the 6 HHS National Quality Strategy domains.



Medicare & Medicaid EHR Incentive Program
Registration and Attestation System

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

Welcome John Doe

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

Clinical Quality Measures

Instructions:

Select a minimum of 9 Clinical Quality Measures from the list below. Your selection must include at least 3 of the 6 HHS National Quality Strategy domains. Note that some Clinical Quality Measures are indicated as recommended. Selection of these measures is recommended but not required.

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.

[Deselect All](#)

John Doe
Tax Identifier: XXX-XX- XXXX (SSN)
NPI:
Program Year: 2014

Patient and Family Engagement			
ID Number	Versions	Title	Selection
CMS157/ NQF0384	CMS157v1/ CMS157v2	Oncology: Medical and Radiation - Pain Intensity Quantified	<input type="checkbox"/>
CMS66	CMS66v1/ CMS66v2	Functional Status Assessment for Knee Replacement	<input checked="" type="checkbox"/>
CMS56	CMS56v1/ CMS56v2	Functional Status Assessment for Hip Replacement	<input type="checkbox"/>
CMS90	CMS90v2/ CMS90v3	Functional Status Assessment for Complex Chronic Conditions (Recommended - Adult)	<input type="checkbox"/>
Patient Safety			
ID Number	Versions	Title	Selection
CMS156/ NQF0022	CMS156v1/ CMS156v2	Use of High-Risk Medications in the Elderly (Recommended - Adult)	<input type="checkbox"/>
CMS139/ NQF0101	CMS139v1/ CMS139v2	Falls: Screening for Future Fall Risk	<input checked="" type="checkbox"/>
CMS68/ NQF0419	CMS68v2/ CMS68v3	Documentation of Current Medications in the Medical Record (Recommended - Adult)	<input type="checkbox"/>
CMS132/ NQF0564	CMS132v1/ CMS132v2	Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures	<input type="checkbox"/>
CMS177/ NQF1365	CMS177v1/ CMS177v2	Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment	<input checked="" type="checkbox"/>
CMS179	CMS179v1/ CMS179v2	ADE Prevention and Monitoring: Warfarin Time in Therapeutic Range	<input type="checkbox"/>
Care Coordination			
ID Number	Versions	Title	Selection
CMS50	CMS50v1/ CMS50v2	Closing the referral loop: receipt of specialist report (Recommended - Adult)	<input checked="" type="checkbox"/>
Population/Public Health			
ID Number	Versions	Title	Selection
CMS155/	CMS155v1/	Weight Assessment and	



TIPS

If Disagree is chosen you will move back to the Home Page and your attestation will not be submitted

Click on Help for additional guidance to navigate the system

STEPS

Check the box next to each statement to attest

To complete your attestation, click **Agree**

Click **Submit Attestation** if you are sure that you are ready to submit your attestation

If you are not ready and want to save your work click **Exit**

Step 33 – Clinical quality measures (CQM) Questionnaire

(1 of 9)

You will be prompted to enter Numerator(s), Denominator(s), Performance Rates, and Exclusion(s), if applicable, for selected Clinical Quality Measures after you click on Save & Continue.

STEPS

Enter Clinical Quality Measure 1 of 9.

Enter the Denominator, Numerator, Performance Rates and Exclusion

Click on **Save & Continue**

Medicare & Medicaid EHR Incentive Program Registration and Attestation System

My Account | Log Out | Help

Welcome John Doe

Home | Registration | **Attestation** | Status

Clinical Quality Measures

Questionnaire: (1 of 9)

(* Red asterisk indicates a required field.)

Measure: CMS66
Versions: CMS66v1/CMS66v2
Title: Functional Status Assessment for Knee Replacement
Description: Percentage of patients aged 18 years and older with primary total knee arthroplasty (TKA) who completed baseline and follow-up (patient-reported) functional status assessments.
Denominator: Adults, aged 18 and older, with a primary total knee arthroplasty (TKA) and who had an outpatient encounter not more than 180 days prior to procedure, and at least 60 days and not more than 180 days after TKA procedure.
Numerator: Patients with patient reported functional status assessment results (e.g., VR-12, VR-36, PROMIS-10 Global Health, PROMIS-29, KOOS) not more than 180 days prior to the primary TKA procedure, and at least 60 days and not more than 180 days after TKA procedure.

Complete the following information:

*Denominator:	*Numerator:	*Performance Rate:	*Exclusion:
<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="50"/> %	<input type="text" value="0"/>

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.

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

TIP

TOPICS PROGRESS

This is the third of six topics required for attestation

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

For information on the CQM eReporting, click on the Clinical Quality Measure Specification Page

Step 34 – Clinical quality measures (CQM) Questionnaire (2 of 9)



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

Welcome John Doe

Home

Registration

Attestation

Status

Clinical Quality Measures

Questionnaire: (2 of 9)

(* Red asterisk indicates a required field.)

John Doe
Tax Identifier: XXX-XX- XXXX (SSN)
NPI:
Program Year: 2014

Measure: CMS139/NQF0101
Versions: CMS139v1/CMS139v2
Title: Falls: Screening for Future Fall Risk
Description: Percentage of patients 65 years of age and older who were screened for future fall risk during the measurement period.
Denominator: Patients aged 65 years and older with a visit during the measurement period.
Numerator: Patients who were screened for future fall risk at least once within the measurement period.

Complete the following information:

*Denominator:	*Numerator:	*Performance Rate:	*Exception:
<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="50"/> %	<input type="text" value="0"/>

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](#)



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



STEPS

Enter Clinical Quality Measure 2 of 9.

Enter the Denominator, Numerator, Performance Rates and Exception

Click on **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

Step 35 – Clinical quality measures (CQM) Questionnaire (3 of 9)

STEPS

Enter Clinical Quality Measure 3 of 9.

Enter the Denominator, Numerator and Performance Rates

Click on **Save & Continue**

Medicare & Medicaid EHR Incentive Program
Registration and Attestation System

My Account | Log Out | Help

Welcome John Doe

Home Registration **Attestation** Status

Clinical Quality Measures

Questionnaire: (3 of 9)

(* Red asterisk indicates a required field.)

Measure: CMS177/NQF1365
Versions: CMS177v1/CMS177v2
Title: Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment
Description: Percentage of patient visits for those patients aged 6 through 17 years with a diagnosis of major depressive disorder with an assessment for suicide risk.
Denominator: All patient visits for those patients aged 6 through 17 years with a diagnosis of major depressive disorder.
Numerator: Patient visits with an assessment for suicide risk.

Complete the following information:

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

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](#)

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



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

Step 36 – Clinical quality measures (CQM) Questionnaire (4 of 9)

STEPS

Enter Clinical Quality Measure 4 of 9.

Enter the Denominator, Numerator and Performance Rates

Click on **Save & Continue**

Medicare & Medicaid EHR Incentive Program
Registration and Attestation System

My Account | Log Out | Help

Welcome John Doe

Home | Registration | **Attestation** | Status

Clinical Quality Measures

Questionnaire: (4 of 9)

(*) Red asterisk indicates a required field.

Measure: CMS50
Versions: CMS50v1/CMS50v2
Title: Closing the referral loop: receipt of specialist report
Description: Percentage of patients with referrals, regardless of age, for which the referring provider receives a report from the provider to whom the patient was referred.
Denominator: Number of patients, regardless of age, who were referred by one provider to another provider, and who had a visit during the measurement period.
Numerator: Number of patients with a referral, for which the referring provider received a report from the provider to whom the patient was referred.

Complete the following information:

*Denominator: 1 *Numerator: 1 *Performance Rate: 50 %

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](#)**

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



TIP

TOPICS PROGRESS

This is the third of six topics required for attestation

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

For information on the CQM eReporting, click on the Clinical Quality Measure Specification Page

Step 37 – Clinical quality measures (CQM) Questionnaire (5 of 9)

STEPS

Enter Clinical Quality Measure 5 of 9.

Enter the Denominator, Numerator, Performance Rates and Exception

Click on **Save & Continue**

The screenshot shows the 'Clinical Quality Measures' section of the system. At the top, there are navigation tabs for Home, Registration, Attestation (selected), and Status. A user profile box displays 'John Doe' with fields for Tax Identifier, NPI, and Program Year (2014). The main content area is titled 'Questionnaire: (5 of 9)' and includes a note that red asterisks indicate required fields. The measure details are as follows:

- Measure:** CMS138/NQF0028
- Versions:** CMS138v1/CMS138v2
- Title:** Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
- Description:** Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user.
- Denominator:** All patients aged 18 years and older.
- Numerator:** Patients who were screened for tobacco use at least once within 24 months AND who received tobacco cessation counseling intervention if identified as a tobacco user.

Below the description, a form prompts the user to 'Complete the following information:' with four input fields:

- *Denominator:** 1
- *Numerator:** 1
- *Performance Rate:** 50 %
- *Exception:** 0

 A red arrow points to the Exception field. At the bottom of the form, there are three buttons: 'Previous', 'Return to Attestation Progress', and 'Save & Continue' (which is circled in red). A photograph of three healthcare professionals is visible on the right side of the page. The footer contains links for Web Policies, Department of Health & Human Services, CMS.gov, Accessibility, and File Formats and Plugins, along with the CMS logo.



TIP

TOPICS PROGRESS

This is the third of six topics required for attestation

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

For information on the CQM eReporting, click on the Clinical Quality Measure Specification Page

Step 38 – Clinical quality measures (CQM) Questionnaire (6 of 9)

STEPS

Enter Clinical Quality Measure 6 of 9.

Enter the Denominator, Numerator and Performance Rates

Click on **Save & Continue**

Home | Registration | **Attestation** | Status

Clinical Quality Measures

Questionnaire: (6 of 9)

(* Red asterisk indicates a required field.)

Measure: CMS82/NQF1401
Versions: CMS82v1
Title: Maternal Depression Screening

Description: The percentage of children who turned 6 months of age during the measurement year, who had a face-to-face visit between the clinician and the child during the child's first 6 months, and who had a maternal depression screening for the mother at least once between 0 and 6 months of life.

Denominator: Children with a visit who turned 6 months of age in the measurement period.

Numerator: Children with documentation of maternal screening or treatment for postpartum depression for the mother.

Complete the following information:

*Denominator: *Numerator: *Performance Rate: %

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](#)

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



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

Step 39 – Clinical quality measures (CQM) Questionnaire (7 of 9)



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

Welcome John Doe

STEPS

Enter Clinical Quality Measure 7 of 9.

Enter the Denominator, Numerator, Performance Rates and Exclusion

Click on **Save & Continue**

Home | Registration | **Attestation** | Status

Clinical Quality Measures

Questionnaire: (7 of 9)

(* Red asterisk indicates a required field.)

Measure: CMS154/NQF0069
Versions: CMS154v1/CMS154v2
Title: Appropriate Treatment for Children with Upper Respiratory Infection (URI)
Description: Percentage of children 3 months-18 years of age who were diagnosed with upper respiratory infection (URI) and were not dispensed an antibiotic prescription on or three days after the episode.
Denominator: Children age 3 months to 18 years who had an outpatient or emergency department (ED) visit with a diagnosis of upper respiratory infection (URI) during the measurement period.
Numerator: Children without a prescription for antibiotic medication on or 3 days after the outpatient or ED visit for an upper respiratory infection.

Complete the following information:

*Denominator:	*Numerator:	*Performance Rate:	*Exclusion:
<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="50"/> %	<input type="text" value="0"/>

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](#)**

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



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

Step 40 – Clinical quality measures (CQM) Questionnaire (8 of 9)



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

Welcome John Doe

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

Clinical Quality Measures

Questionnaire: (8 of 9)

(* Red asterisk indicates a required field.)

John Doe
Tax Identifier: XXX-XX- XXXX (SSN)
NPI:
Program Year: 2014

Measure: CMS127/NQF0043
Versions: CMS127v1/CMS127v2
Title: Pneumonia Vaccination Status for Older Adults
Description: Percentage of patients 65 years of age and older who have ever received a pneumococcal vaccine.
Denominator: Patients 65 years of age and older with a visit during the measurement period.
Numerator: Patients who have ever received a pneumococcal vaccination.

Complete the following information:

*Denominator: *Numerator: *Performance Rate: %



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](#)



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



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

STEPS

Enter Clinical Quality Measure 8 of 9.

Enter the Denominator, Numerator and Performance Rates

Click on **Save & Continue**

Step 4I – Clinical quality measures (CQM) Questionnaire (9 of 9)

STEPS

Enter Clinical Quality Measure 9 of 9.

Enter the Denominator, Numerator and Performance Rates

Click on **Save & Continue**

**Medicare & Medicaid EHR Incentive Program
Registration and Attestation System**

My Account | Log Out | Help

Welcome John Doe

Home | Registration | **Attestation** | Status

Clinical Quality Measures

Questionnaire: (9 of 9)

(* Red asterisk indicates a required field.)

John Doe
Tax Identifier: XXX-XX- XXXX (SSN)
NPI:
Program Year: 2014

Measure: CMS164/NQF0068

Versions: CMS164v1/CMS164v2

Title: Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic

Description: Percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCI) in the 12 months prior to the measurement period, or who had an active diagnosis of ischemic vascular disease (IVD) during the measurement period, and who had documentation of use of aspirin or another antithrombotic during the measurement period.

Denominator: Patients 18 years of age and older with a visit during the measurement period, and an active diagnosis of ischemic vascular disease (IVD) or who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCI) in the 12 months prior to the measurement period.

Numerator: Patients who have documentation of use of aspirin or another antithrombotic during the measurement period.

Complete the following information:

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

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](#)

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

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

Step 42 - Topics for this Attestation

Medicare & Medicaid EHR Incentive Program Registration and Attestation System

My Account | Log Out | Help

Welcome John Doe

Home | Registration | **Attestation** | Status

Attestation Progress

Reason for Attestation

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

John Doe
Tax Identifier: XXX-XX-XXXX (SSN)
NPI:
Program Year: 2014

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	Completed
2	Meaningful Use Core Measures	Completed
3	Meaningful Use Menu Measures	Completed
4	Clinical Quality Measures	Completed

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

Continue with Attestation

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

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

STEPS

When all topics are marked as completed or N/A, you may proceed with Attestation

Click **Continue with Attestation** to complete the Attestation process

The next screen allows you to view your entries before the final submission



TIPS

Click on the Progress Bar to modify your Attestation

If you choose not to view the summary of measures you will navigate to step 32

Step 43 – Attestation Disclaimer

The screenshot shows the Medicare & Medicaid EHR Incentive Program Registration and Attestation System interface. At the top left is the logo for the Medicare & Medicaid EHR Incentive Program. To the right are links for "My Account", "Log Out", and "Help". Below these is a "Welcome Your Name" box. The main navigation bar includes "Home", "Registration", "Attestation", and "Status". The "Attestation" tab is selected, and the page title is "Attestation Disclaimer".

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

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

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

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

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

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

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

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

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

At the bottom, there are two buttons: "Agree" and "Disagree". The "Agree" button is circled in red.

Your Name
Tax Identifier:
NPI:
Program Year:

STEPS

.....

If you answer YES you will navigate to the Attestation Disclaimer page

Read the disclaimer and click on **Agree** or **Disagree**

If **Agree** is chosen and you have met all meaningful use objectives and measures you will receive the "Accepted Attestation" submission receipt



TIPS

CMS recommends you review all of their attestation information before submitting. EPs who fail their attestation can submit their information again, but cannot submit information for the exact same calendar quarter.

.....

If **DISAGREE** is chosen you will move back to the Home Page and your attestation will not be submitted

Step 44 – Submission Receipt (Accepted Attestation)

The screenshot displays the Medicare & Medicaid EHR Incentive Program Registration and Attestation System interface. At the top, there is a navigation bar with 'Home', 'Registration', 'Attestation' (selected), and 'Status' tabs. A user profile box shows 'Welcome John Doe' with links for 'My Account', 'Log Out', and 'Help'. The main content area is titled 'Submission Receipt' and includes a yellow box with user information: 'John Doe', 'Tax Identifier: XXX-XX-XXXX (SSN)', 'NPI: 0000000000', and 'Program Year: 2014'. A note states: 'Please print this page for your records. You will receive an email confirmation of your attestation.' Below this is 'Attestation Tracking Information' with fields for 'Attestation Confirmation Number: 0000000000', 'Name: John Doe', 'TIN: XXX-XX-XXXX (SSN)', 'NPI: 0000000000', 'EHR Certification Number: 0000000000000000', 'EHR Reporting Period: 01/01/2014 - 12/31/2014', and 'Attestation Submission Date: 03/11/2014'. The 'Reason for Attestation' is 'You are a Medicare Eligible Professional modifying an attestation for the EHR Incentive Program.' At the bottom, there are 'Print Receipt' and 'Review Results' buttons, and a photo of three healthcare professionals. The footer contains links for 'Web Policies & Important Links', 'Department of Health & Human Services', 'CMS.gov', 'Accessibility', and 'File Formats and Plugins', along with the CMS logo.

STEPS

The “Accepted Attestation” submission receipt contains attestation tracking information

This concludes the Attestation Process

Click on **Review Results** to view the Summary and Detail of the Core Measures Menu Measures and Clinical Quality Measures

Note: after a successful attestation is accepted and the registration is locked for payment, providers do have the opportunity to modify their attestation



TIPS

Please print this receipt for your records

The Summary will indicate whether the measure is accepted or rejected

You will receive a confirmation email

Step 45 – Submission Receipt (Rejected Attestation)

**Medicare & Medicaid EHR Incentive Program
Registration and Attestation System**

My Account | Log Out | Help

Welcome Your Name

Home | Registration | **Attestation** | Status

Submission Receipt

Rejected Attestation

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

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

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

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

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

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

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

Print Receipt | **Review Results**

Your Name
Tax Identifier:
NPI:
Program Year:

2	Meaningful Use Core Measures	Rejected	▶
3	Meaningful Use Menu Measures	Completed	▶
4	Clinical Quality Measures	Rejected	▶

STEPS

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)

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 information for a different reporting period during the first payment year to successfully demonstrate meaningful use

Click on **Review Results** to review the status of the Core Measures, Menu Measures, and Clinical Quality Measures

Choose the appropriate measure link from the summary of measures list



TIPS

You may select the Status tab for additional information about your EHR incentive program participation

Click on Help for additional guidance to navigate the system

Step 46 – Summary of Measures – Rejected Attestation

STEPS

Review Summary of Meaningful Use Core Measures

Select *Edit*

Review each measure for the Accepted/Rejected status

Click *Next Topic* to continue with the Menu measures

Medicare & Medicaid EHR Incentive Program Registration and Attestation System

My Account | Log Out | Help
Welcome Your Name

Home | Registration | **Attestation** | Status

Attestation Summary

2 Meaningful Use Core Measures

Your Name
Tax Identifier:
NPI:
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 seen by the EP have at least one medication order entered using CPOE.	Numerator = 100 Denominator = 101	<input type="button" value="Edit"/>
Implement drug-drug and drug-allergy interaction checks	The EP has enabled this functionality for the entire EHR reporting period.	Yes	<input type="button" value="Edit"/>
Maintain an up-to-date problem list of current and active diagnoses	More than 80% of all unique patients seen by the EP have at least one entry or an	Numerator = 100 Denominator = 101	

Home | Registration | **Attestation** | Status

Summary of Meaningful Use Core Measures

Attestation Submitted: 12/22/2011
Confirmation Number: 1000041378

Your Name
Tax Identifier:
NPI:
Program Year:

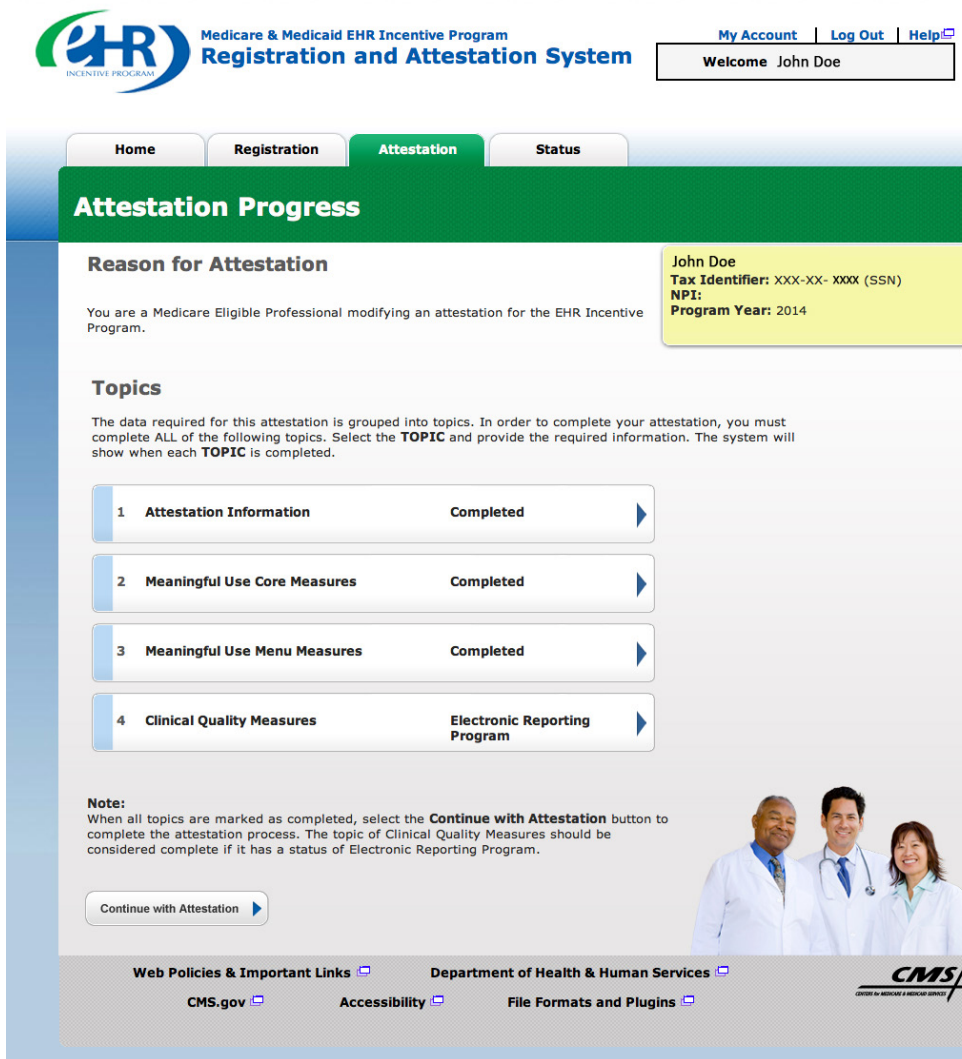
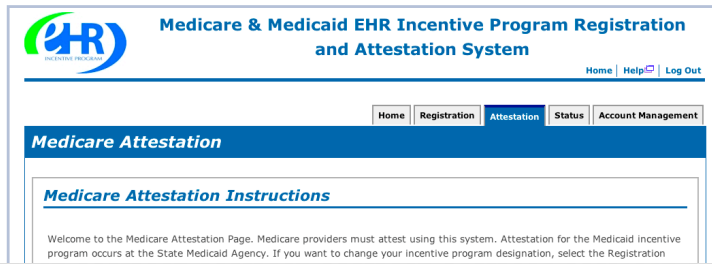
Objective	Measure	Reason	Entered	Accepted / Rejected
Use computerized provider order entry (CPOE) for medication orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines.	More than 30% of all unique patients with at least one medication in their medication list seen by the EP have at least one medication order entered using CPOE.	This measure meets minimum standard.	99.00%	Accepted
Implement drug-drug and drug-allergy interaction checks	The EP has enabled this functionality for the entire EHR reporting period.	This measure meets minimum standard.	Yes	Accepted
Maintain an up-to-date problem list of current and active diagnoses.	More than 80% of all unique patients seen by the EP have at least one entry or an indication that no problems are known for the patient recorded as structured data.	This measure meets minimum standard.	99.00%	Rejected
Generate and transmit permissible prescriptions electronically (eRx).	More than 40% of all permissible prescriptions written by the EP are transmitted electronically using certified EHR technology.	This measure meets minimum standard.	99.00%	Accepted



TIP

Print the Summary of Measures page for your future reference

Step 47 – Medicare Attestation – Resubmission



STEPS

.....
Select **Resubmit** under the Action column

NOTE: EPs who fail their attestation can submit their information again, but cannot submit information for the exact same calendar quarter.

To attest for the Medicare EHR Incentive Program in subsequent years, you will need to have met meaningful use for a full year. Please note the reporting period for eligible professionals must fall within the calendar year.



TIPS

When you click on a measures list, you will navigate to the first page of the chosen measures. Click Save and Continue to page to the appropriate measure for editing

.....
Click Save and Continue through the remaining measures to the **“Topics for this Attestation”** page

Step 48 – Topics for Attestation – Resubmission

**Medicare & Medicaid EHR Incentive Program
Registration and Attestation System**

My Account | Log Out | Help

Welcome John Doe

Home | Registration | **Attestation** | Status

Attestation Progress

Reason for Attestation

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

John Doe
Tax Identifier: XXX-XX- XXXX (SSN)
NPI:
Program Year: 2014

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	Completed	▶
2	Meaningful Use Core Measures	Completed	▶
3	Meaningful Use Menu Measures	Completed	▶
4	Clinical Quality Measures	Electronic Reporting Program	▶

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 ▶

Web Policies & Important Links | Department of Health & Human Services

CMS.gov | Accessibility | File Formats and Plugins

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

STEPS

Click on each of the links in the Summary of Measures to view the details of the list tables of the Core Measures, Menu Measures and Clinical Quality Measures

Click **Continue with Attestation**



TIP

All of the topics must be complete in order to continue with attestation

Step 48 – Topics for Attestation – Resubmission (cont.)

The screenshot shows the Medicare & Medicaid EHR Incentive Program Registration and Attestation System interface. At the top, there is a navigation bar with 'Home', 'Registration', 'Attestation', and 'Status' tabs. The 'Attestation' tab is selected. Below the navigation bar, there is a 'Welcome John Doe' message and a user profile box containing: 'John Doe', 'Tax Identifier: XXX-XX- XXXX (SSN)', 'NPI:', and 'Program Year: 2014'. The main content area is titled 'Attestation Summary' and contains a message: 'Please select the desired measure link below to review the details of your attestation. This is your last chance to view/edit the information you have entered before you attest. Please review your information as you will be unable to edit your information after you attest.' Below this message is a dropdown menu showing '1 Attestation Information'. The second part of the screenshot shows the 'Meaningful Use Core Measures' section. It features a 'Questionnaire: (1B of 17)' with a note: '(*) Red asterisk indicates a required field.' The 'Objective' is: '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.' The 'Measure' is: 'More than 60 percent of medication orders created by the EP during the EHR reporting period are recorded using CPOE.' There is an 'EXCLUSION - Based on All patient records' section with the text: 'Any EP who writes fewer than 100 medication orders during the EHR reporting period would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.' Below this is a question: '*Does this exclusion apply to you?' with radio buttons for 'Yes' and 'No'. The 'No' button is selected. There is another question: '*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.' with 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.' The second option is selected. At the bottom, there is a section for 'Complete the following information:' with a 'Numerator' field: 'The number of medication orders in the denominator during the EHR reporting period that are recorded using CPOE'. On the right side of the screenshot, there is a vertical navigation menu with four items: '2 Meaningful Use Core Measures', '3 Meaningful Use Menu Measures', and '4 Clinical Quality Measures'. Red arrows point from the 'No' radio button and the second radio button option to their respective items in the navigation menu.

STEPS

Select **Edit** to change a measure before completing your attestation



TIP

CMS recommends you review all of their attestation information before submitting. EPs who fail their attestation their first reporting year, can submit their information again, but cannot submit information for the exact same 90-day period. The 90-day period can be a day later (3/1-5/31 vs. 3/2-6/1), but that will mean that EPs may have to recalculate all of their numerator and denominator information

Step 49 – Attestation Statements and Confirmation

Page – Resubmission

STEPS

Check each box next to each statement to attest

Click on *Agree*

Click on *Submit Attestation* to confirm submission

Submission Process: Attestation Statements

Attestation Statements

You are about to submit your attestation for EHR Certification Number **A014E01FUNTZE1**.

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

- The information submitted accurately reflects the output of the certified EHR technology.
- The information for CQMs will be submitted electronically within 2 months after the end of 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**

Web Policies & Important Links
[CMS.gov](#)

Attestation Progress

Reason for Attestation

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

Topics

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

1	Attestation Information	Completed
2	Meaningful Use Core Measures	Completed
3	Meaningful Use Menu Measures	Completed
4	Clinical Quality Measures	Completed

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

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



TIP

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

Step 50 – Attestation Disclaimer



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

Welcome Your Name

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

Attestation Disclaimer

General Notice

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

Signature of Eligible Professional

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

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

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

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

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

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

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

Agree Disagree

Your Name
Tax Identifier:
NPI:
Program Year:

STEPS

Read the Attestation Disclaimer and Click on **Agree** or **Disagree**

Click **Attest**

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

Attestation

Medicare Attestation Instructions

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

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

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

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

Medicare Attestation Selection

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

Name	Tax Identifier	National Provider Identifier (NPI)	Medicare Attestation Status	Program Year	Payment Year	Action
John Doe, MD						<input type="button" value="Attest"/>



TIP

If **Disagree** is chosen you will be directed back to the Medicare Attestation Instructions page to **Modify** or **Cancel** your attestation

Step 5I – Review Status Information



Medicare & Medicaid EHR Incentive Program
Registration and Attestation System

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

Welcome

Home

Registration

Attestation

Status

Status Information

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

- Your MEDICARE EHR Incentive Program registration was successfully submitted on 06/04/2013.
- Your MEDICARE EHR Incentive Program attestation was successfully submitted on 06/04/2013 for Calendar year 2013.

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

Registration Information

Attestation Information

Payment Information

Your MEDICARE EHR Incentive Program registration was originally created on 06/04/2013. Your MEDICARE registration was last updated on 06/04/2013.

Incentive Type	Registration Status	Status Reason	Explanation
MEDICARE	Medicare: Locked For Payment	Medicare - The payment process has been initiated	

Registration ID:

Payee Name:

Payee TIN:

Payee NPI:

EHR Certification Indicator: Yes

EHR Certification Number:

Eligible Professional Type: Doctor of Dental Surgery or

Dental Medicine

Current Hospital Based Status

Deemed Hospital Based in 2012: No

Hospital Based Percentage in 2012: 0%

Business Address:

Phone #:

Ext:

E-Mail:

Contractor ID:

FI/Carrier/MAC:

Tax Identifier:

NPI:

Registration Status:

Medicare: Locked For Payment

Attestation Status: Locked For Payment

Total Cumulative Payment:

Please select the **Previous** button to return to the Status Selection Page and the **View PDF** button to view the contents of this page as a PDF.

Previous

View PDF

[Web Policies & Important Links](#)

[Department of Health & Human Services](#)

[CMS.gov](#)

[Accessibility](#)

[File Formats and Plugins](#)



STEPS

When you have finished attestation, click on the Status tab to see your progress.

Click the appropriate tab to see your registration, attestation, and payment status.

Have Questions?



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)

Identification & Authentication System (I&A) Help Desk for assistance,
PECOS External User Services (EUS) Help Desk
Phone: 1-866-484-8049
E-mail: EUSupport@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

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

EHR Incentive Program; visit
<http://www.cms.gov/EHRIncentivePrograms/>

STEPS

The **Help** link is on every screen. Click **Help** for additional information

Acronym Translation

CCN	CMS Certification Number
CMS	Centers for Medicare & Medicaid Services
CQM	Clinical Quality Measures
DMF	Social Security Death Master File
EH	Eligible Hospital
EHR	Electronic Health Record
EIN	Employer's Identification Number
EP	Eligible Professional
FI	Fiscal Intermediary
FQHC	Federally Qualified Health Center
I&A	Identification & Authentication System
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

ACRONYMS



