CMS
CENTERS for MEDICARE & MEDICAID SERVICES

STAGE 2
ATTESTATION
USER GUIDE

For Eligible Professionals

Medicare Electronic Health Record

(EHR) Incentive Program

April 2014

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

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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.

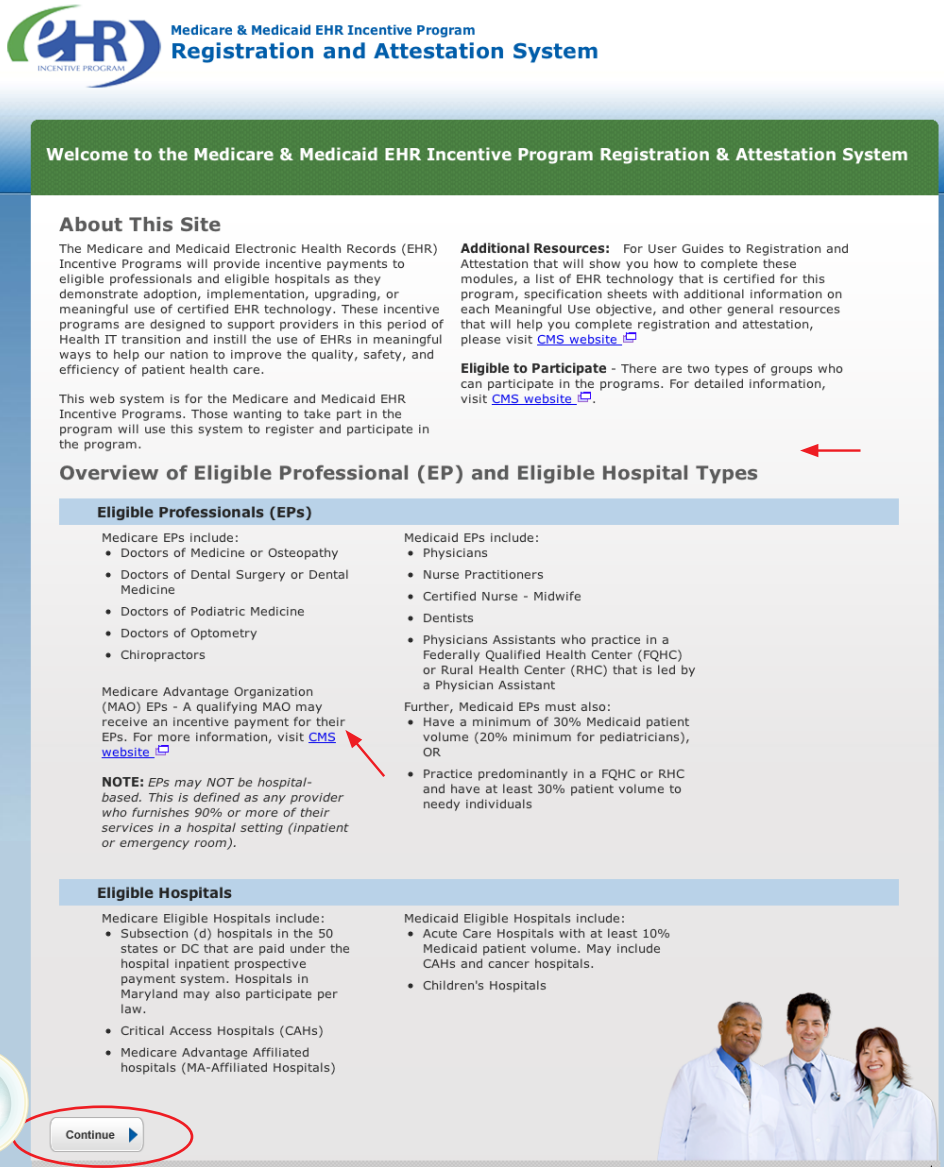
Medicare regulations can be found on the CMS Web site at ***http://www.cms.gov***

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

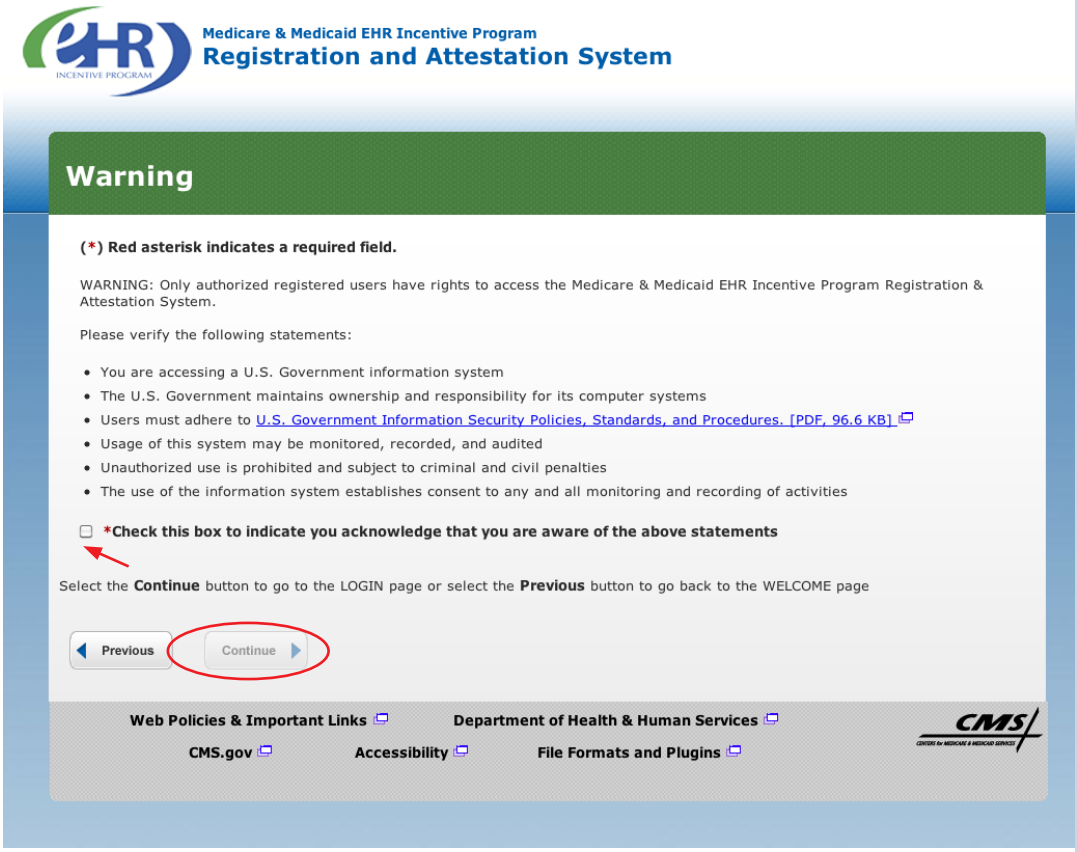
TIPS

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.



STEPS

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

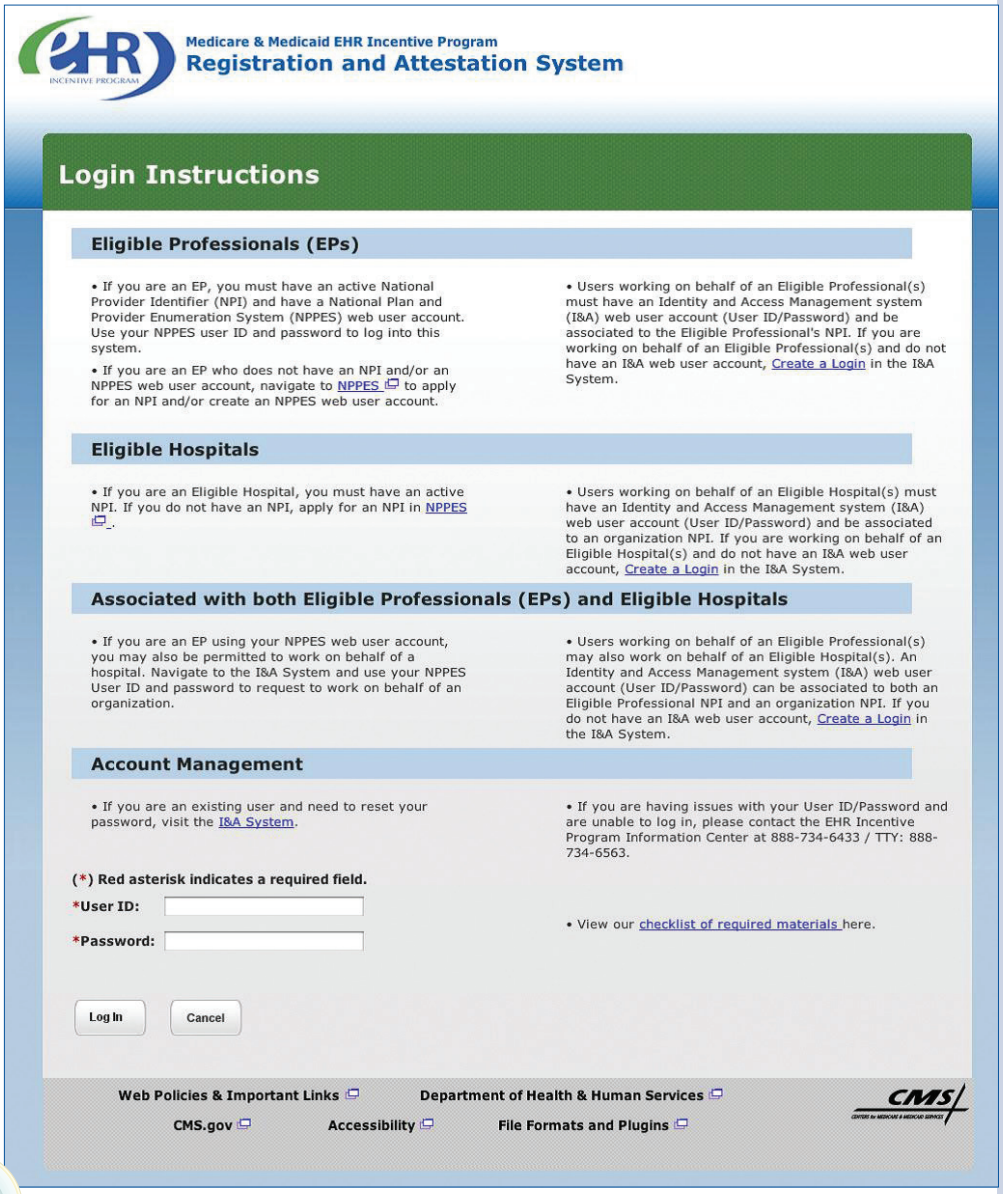
Click *Continue*

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



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*

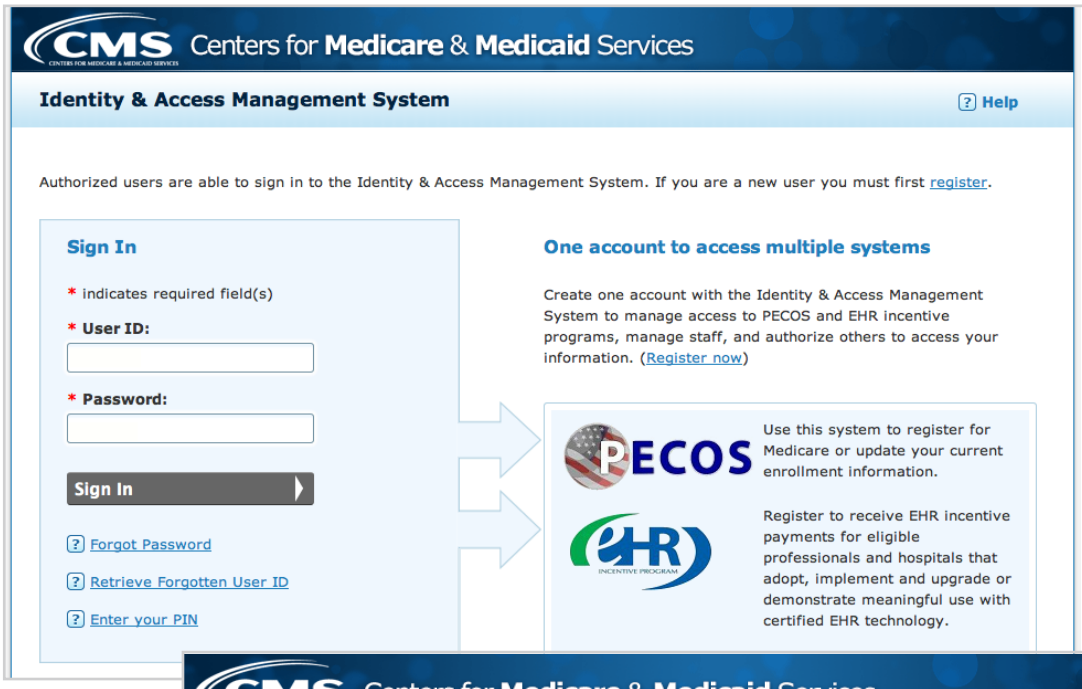
Contact the PECOS Help Desk if you cannot remember your password-(866) 484-8049/ TTY(866)523-4759, ***https://pecos.cms.hhs.gov***

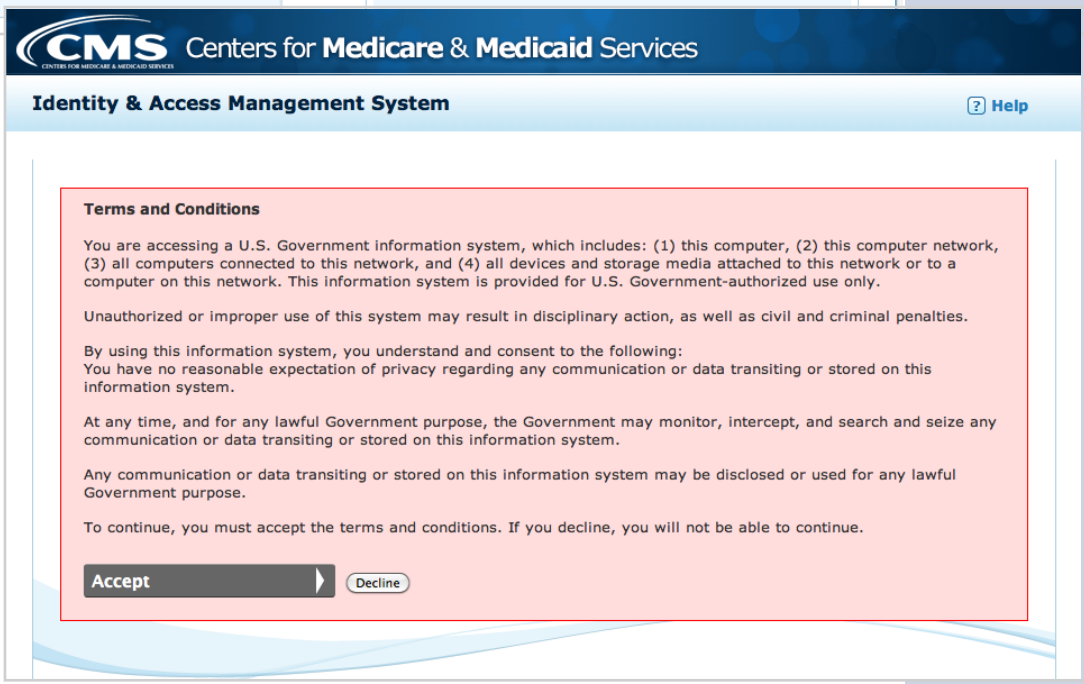
To locate your NPI number, visit; ***https://nppes.cms.hhs.gov/NPPES/NPIRegistryHome.do***

User name and password are case sensitive

Step 2 – Login (Continued)

Working on Behalf of an Eligible Professional





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*.

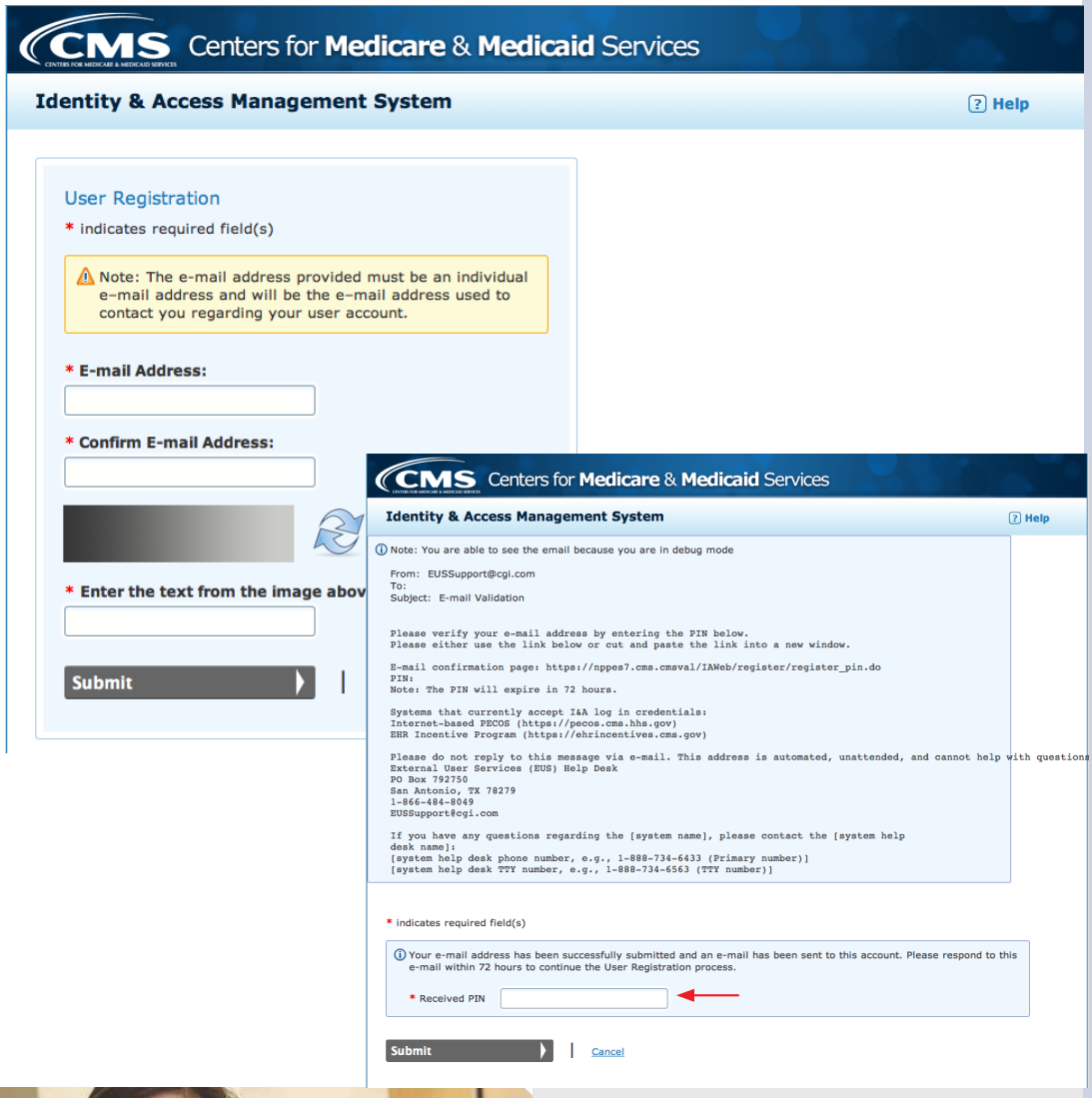
TIPS

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

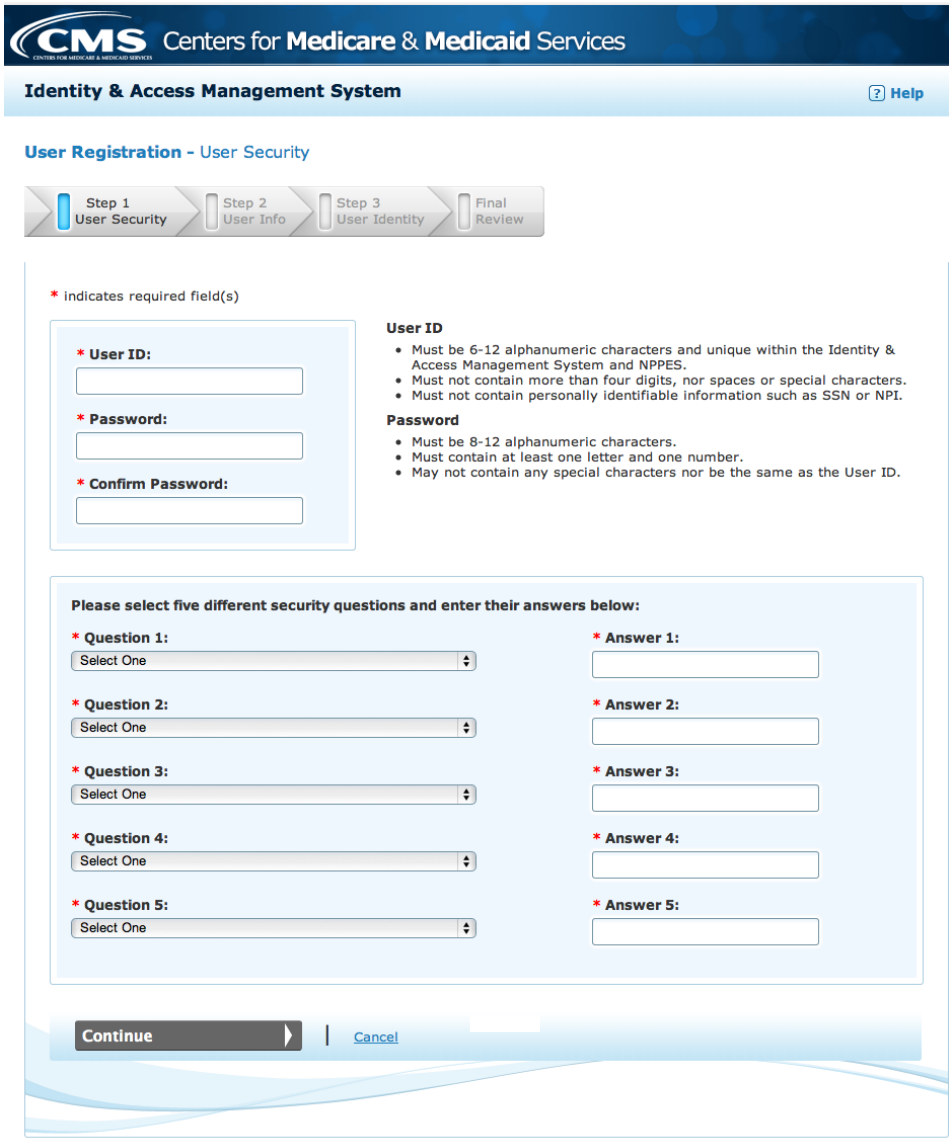
At least one NPI is required to assign access

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



STEPS

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

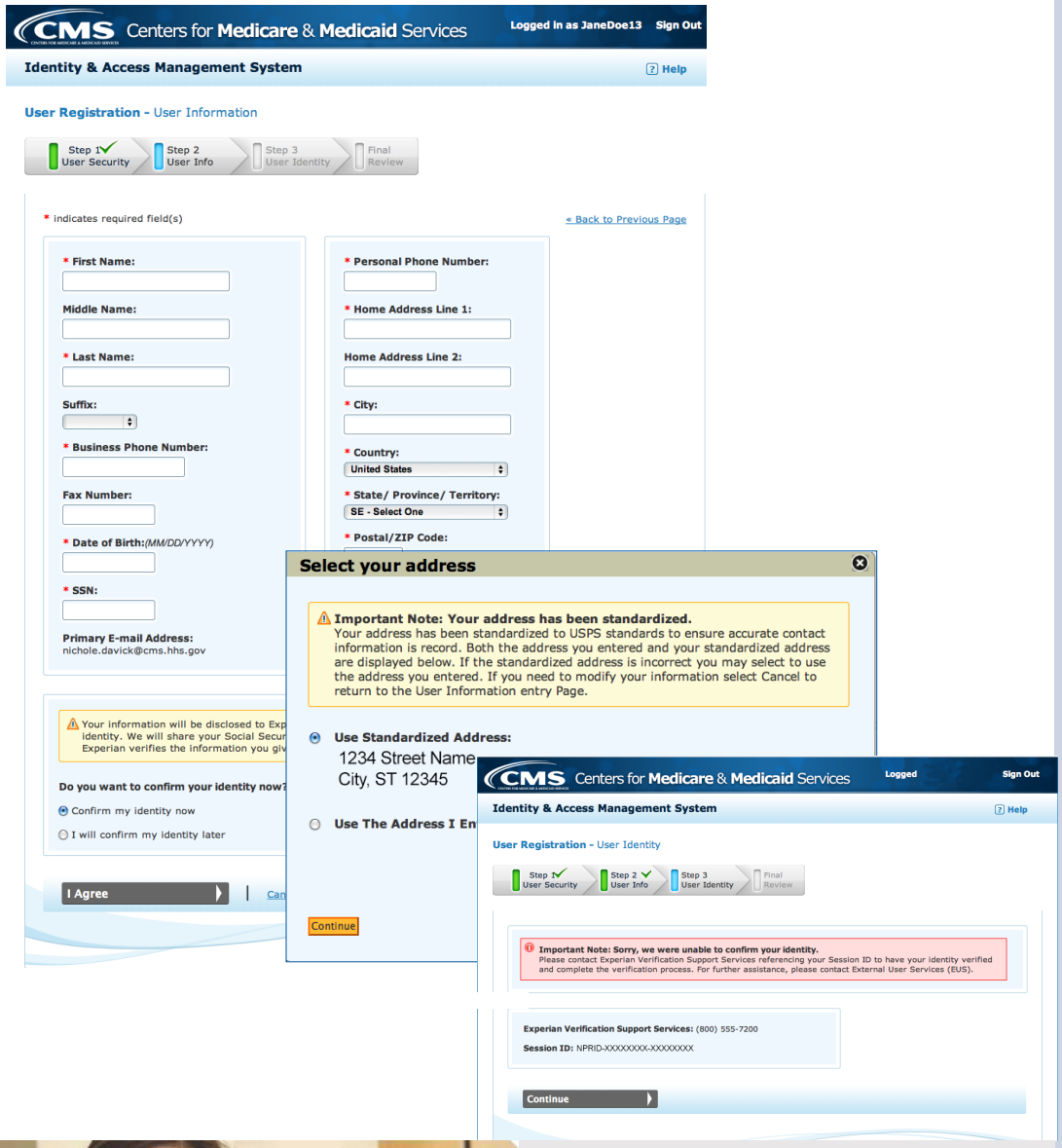
TIPS

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



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.

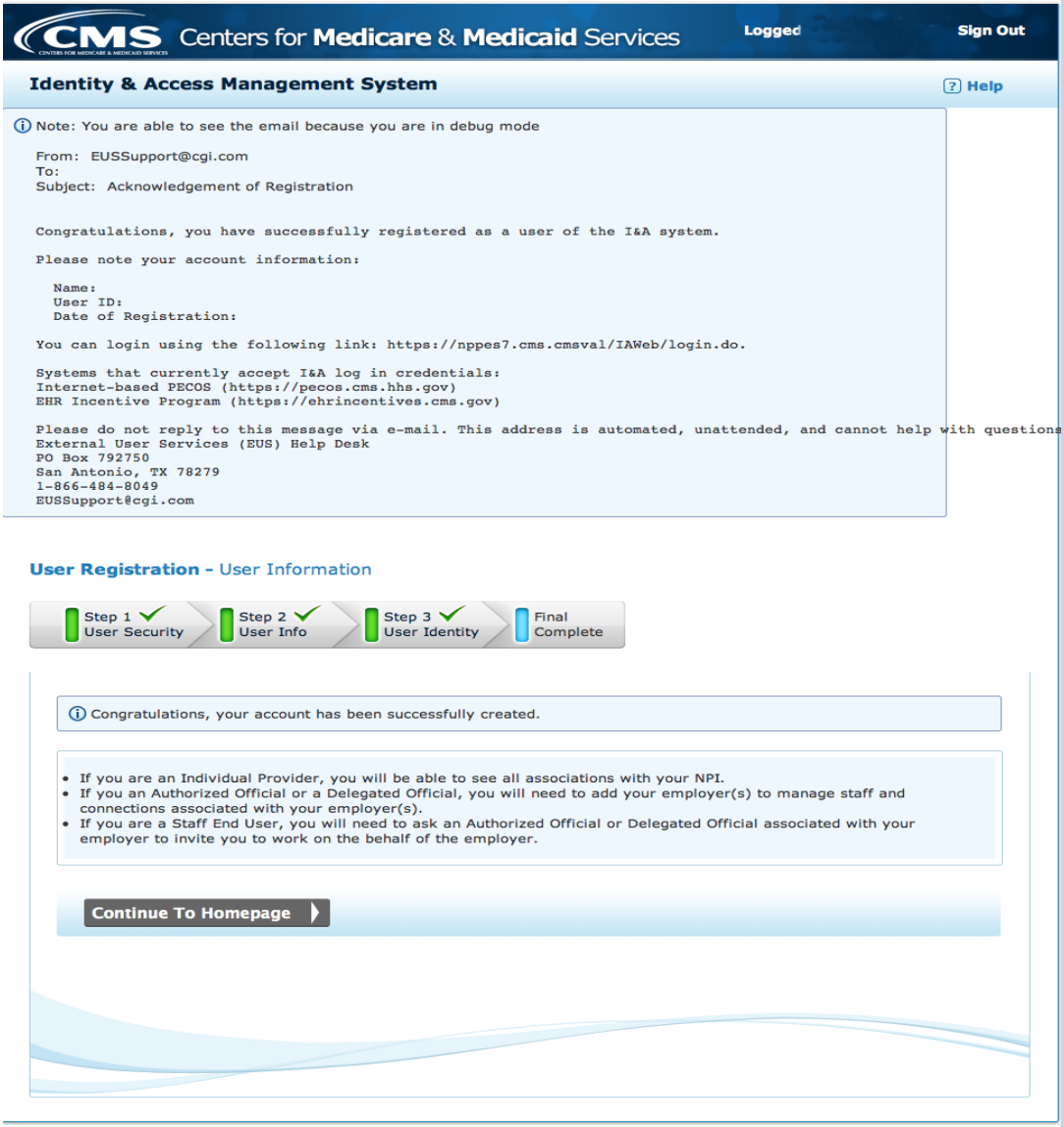
TIPS

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



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.

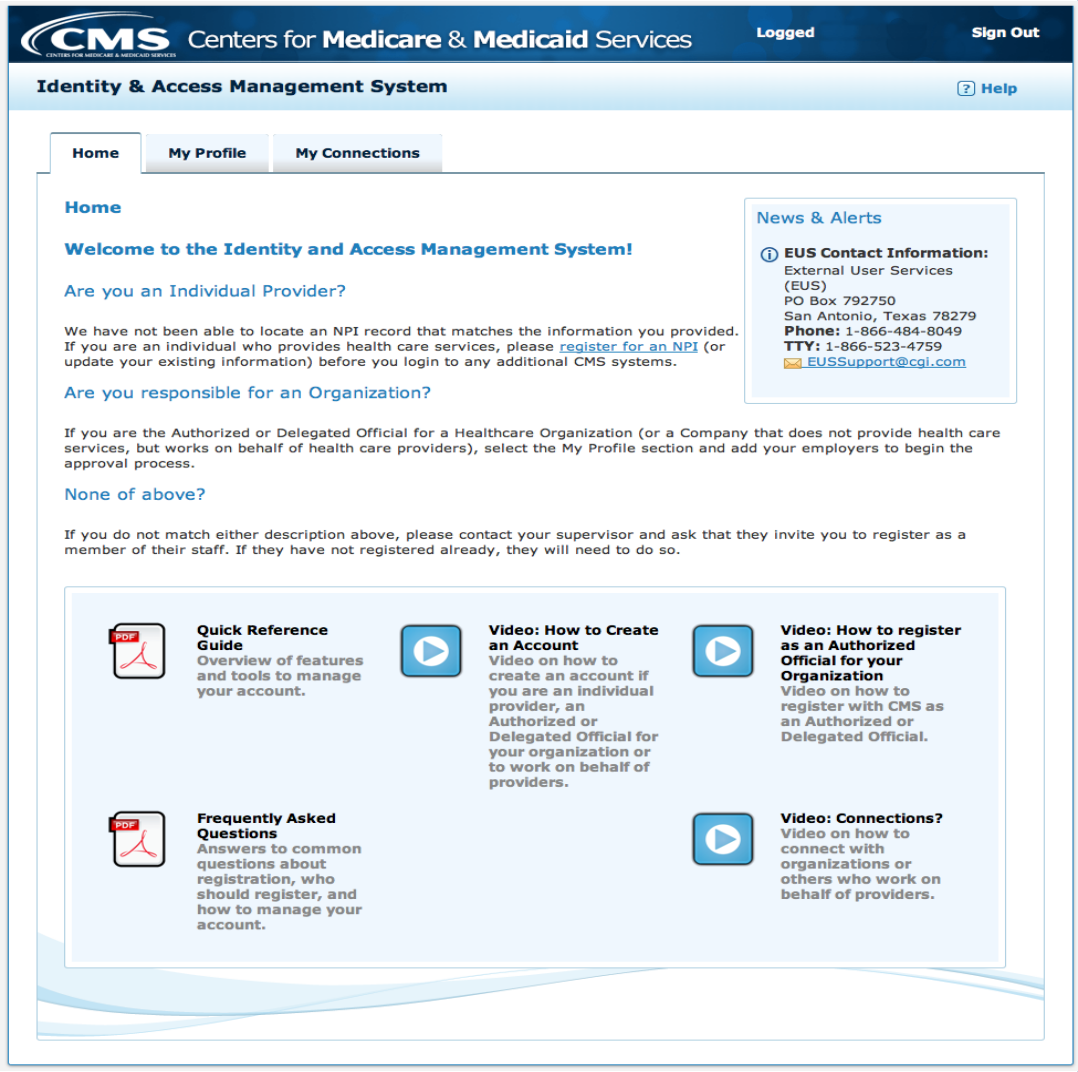
TIPS

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



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.

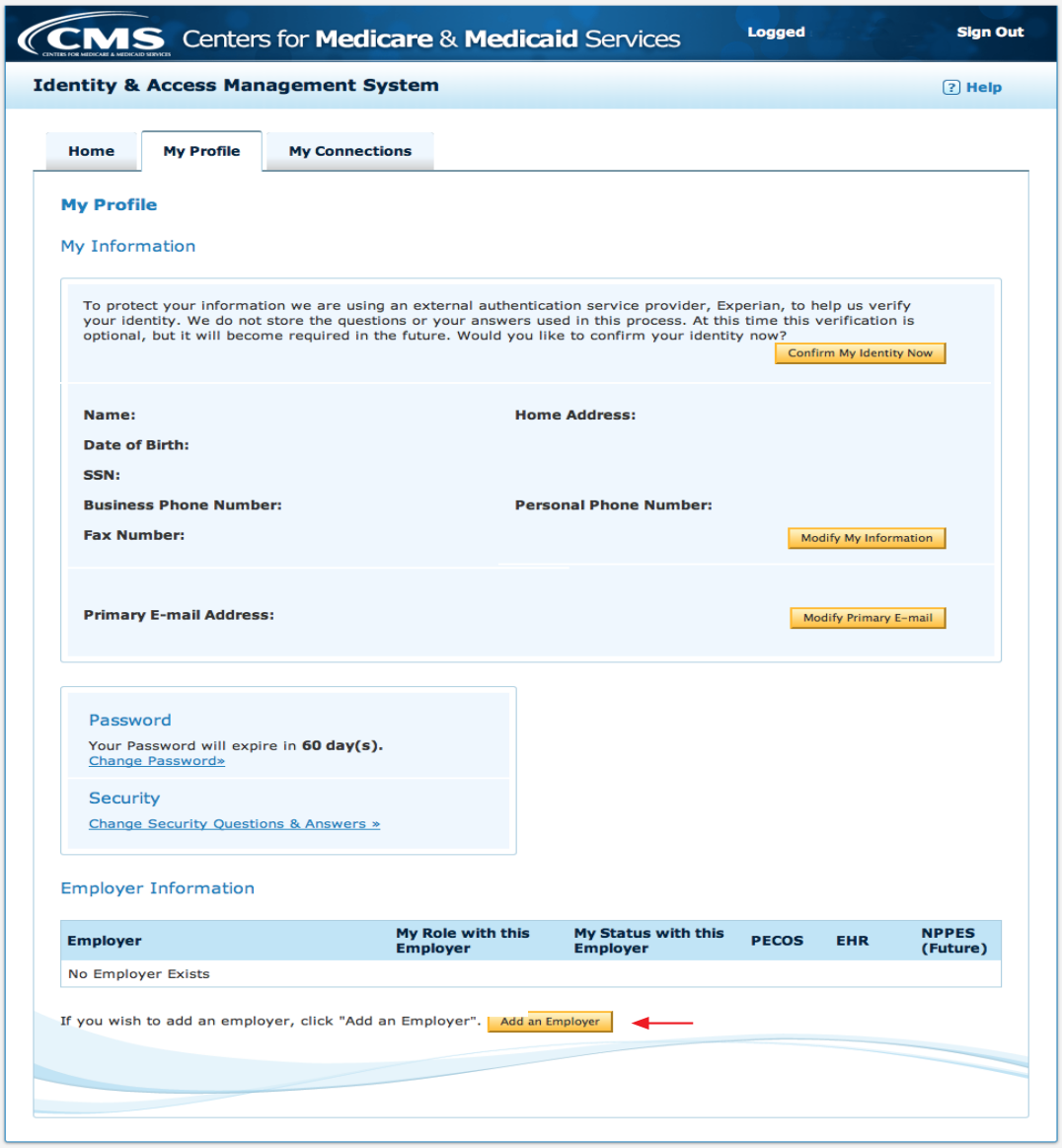
TIPS

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



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.

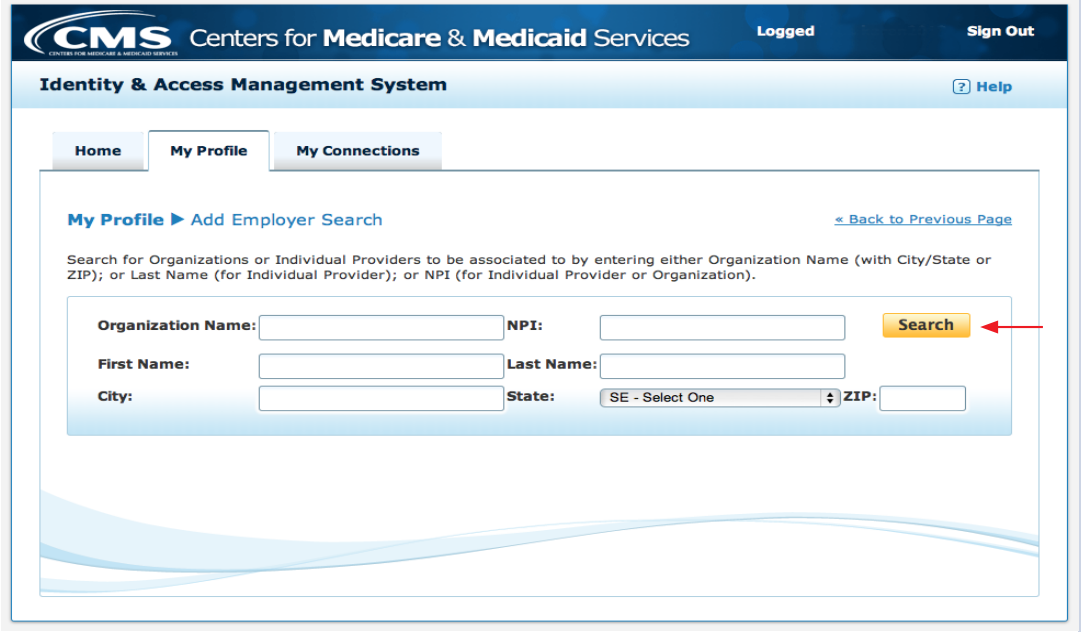
TIPS

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



STEPS

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

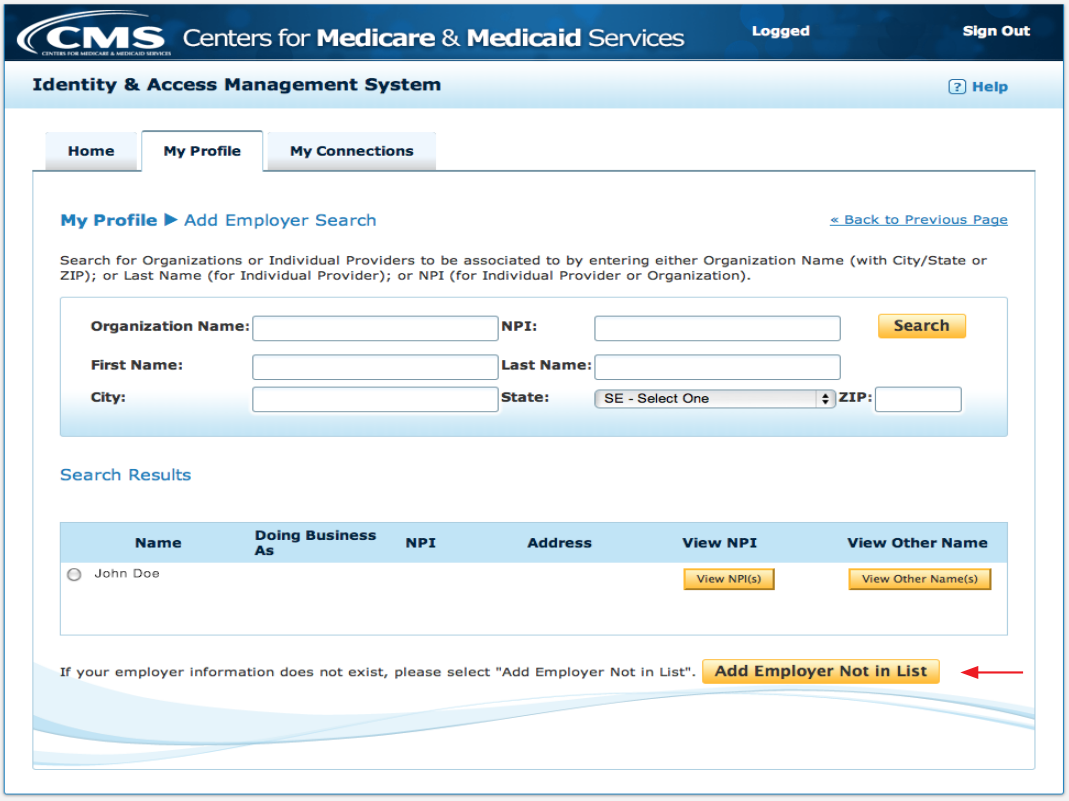
TIPS

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



STEPS

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

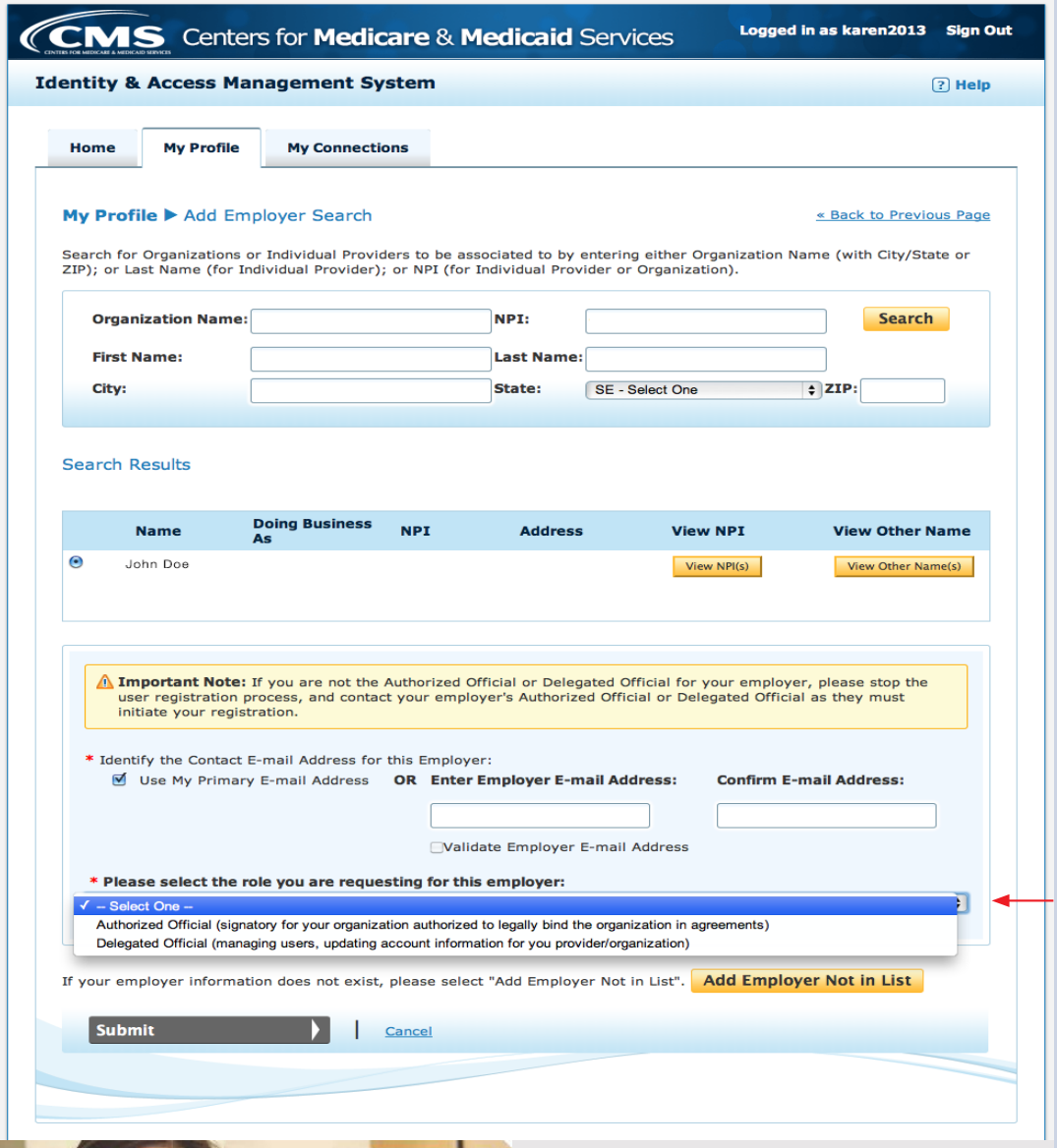
TIPS

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



STEPS

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

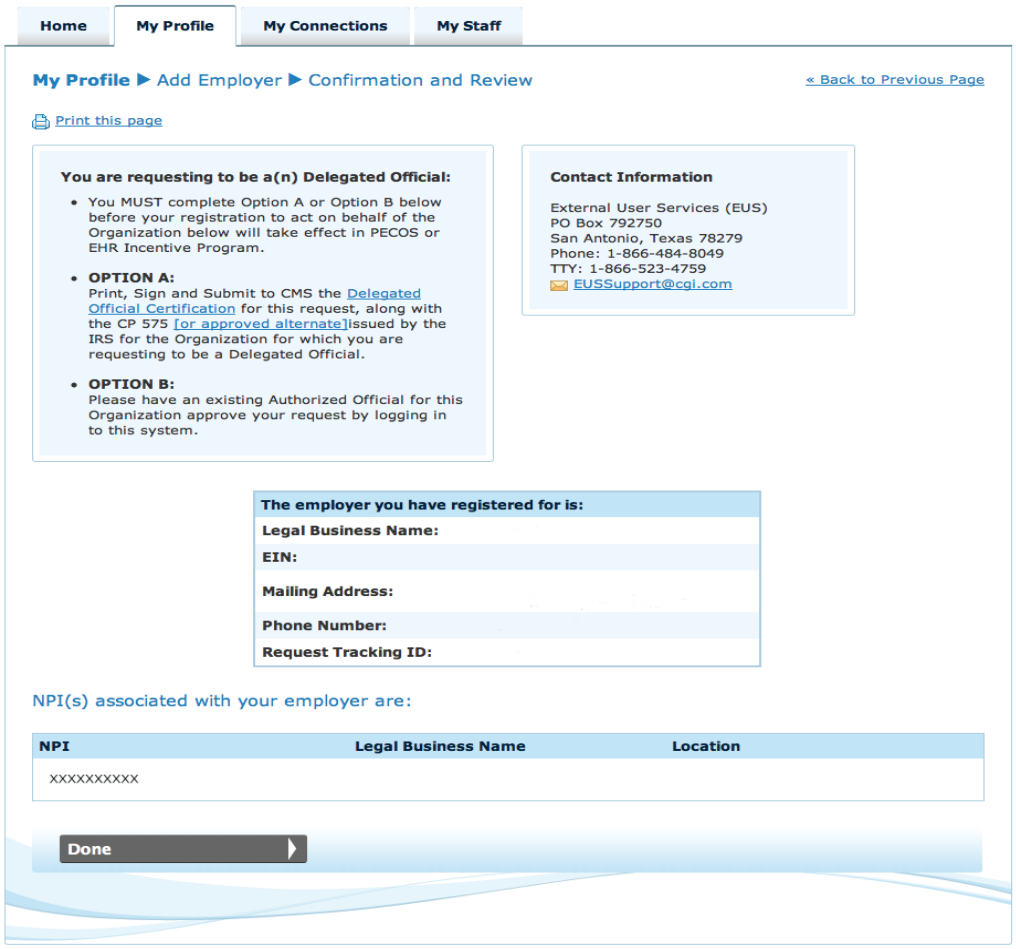
TIPS

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



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***.

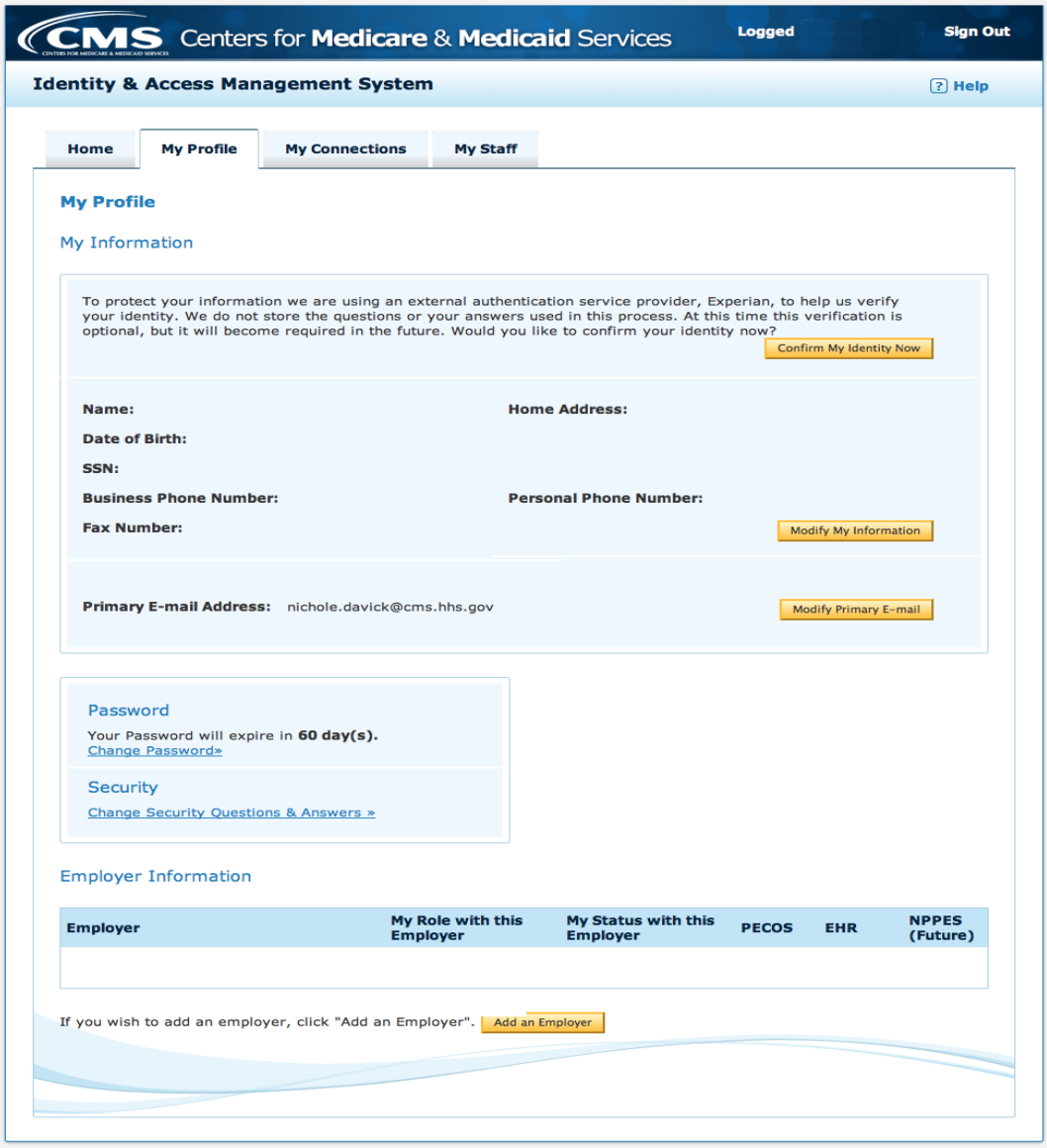
TIPS

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



STEPS

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

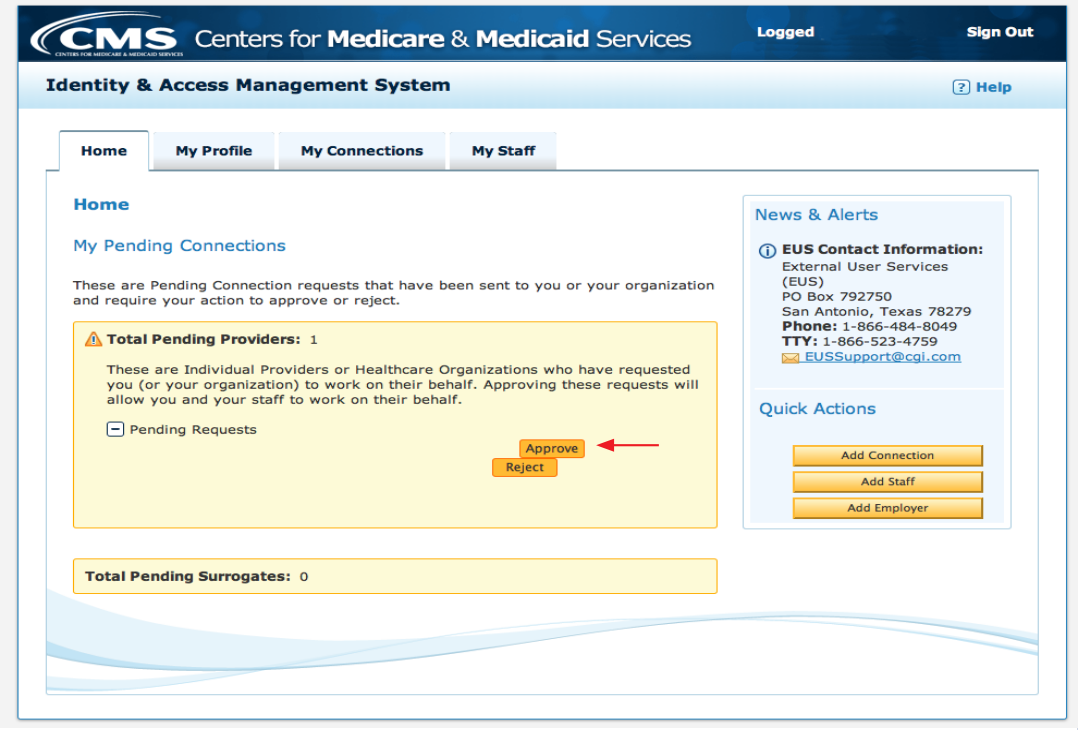
TIPS

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



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.

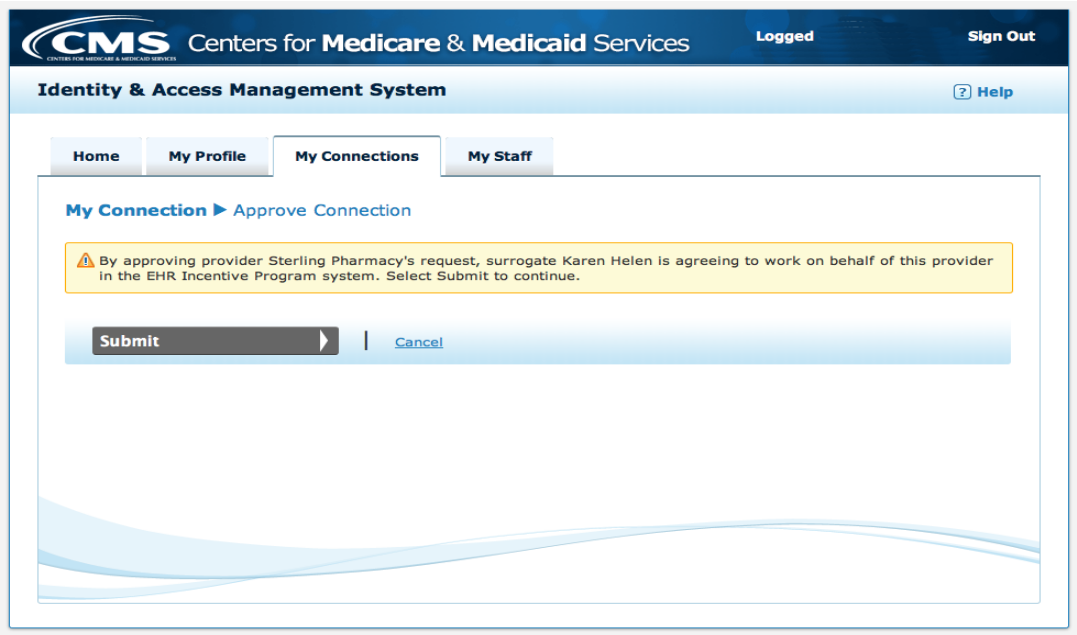
TIPS

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***.

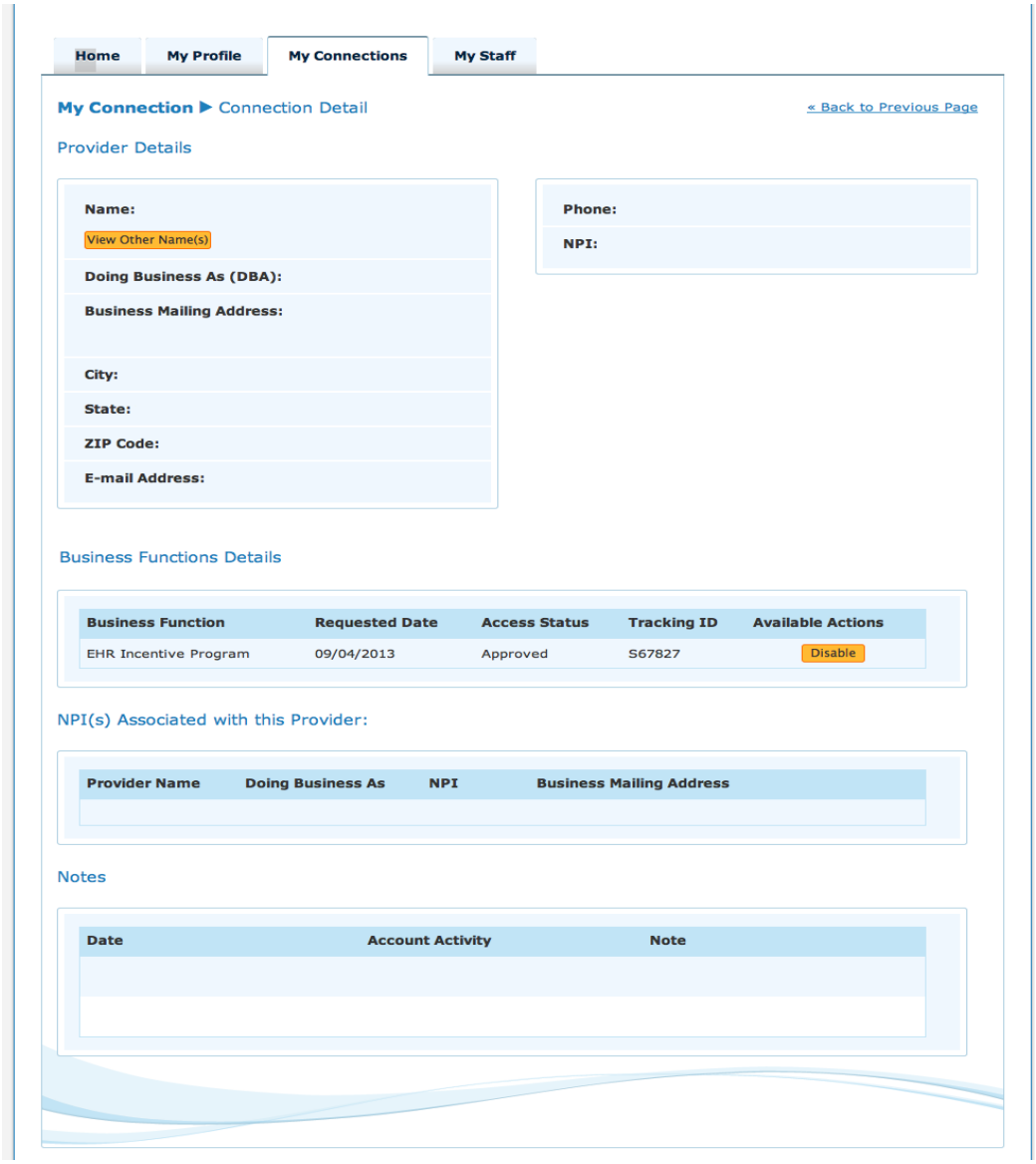
TIPS

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



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.

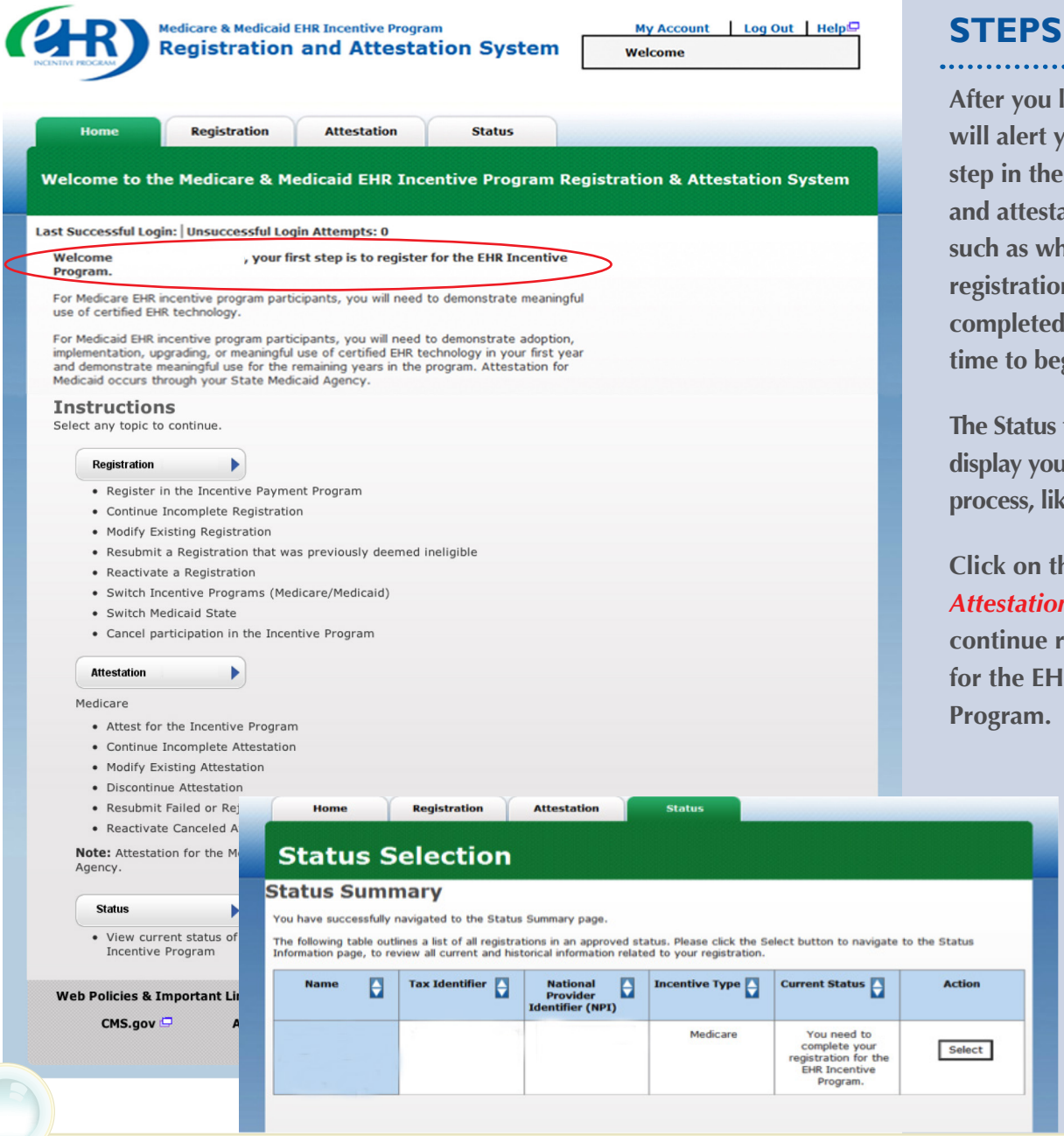
TIPS

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".



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

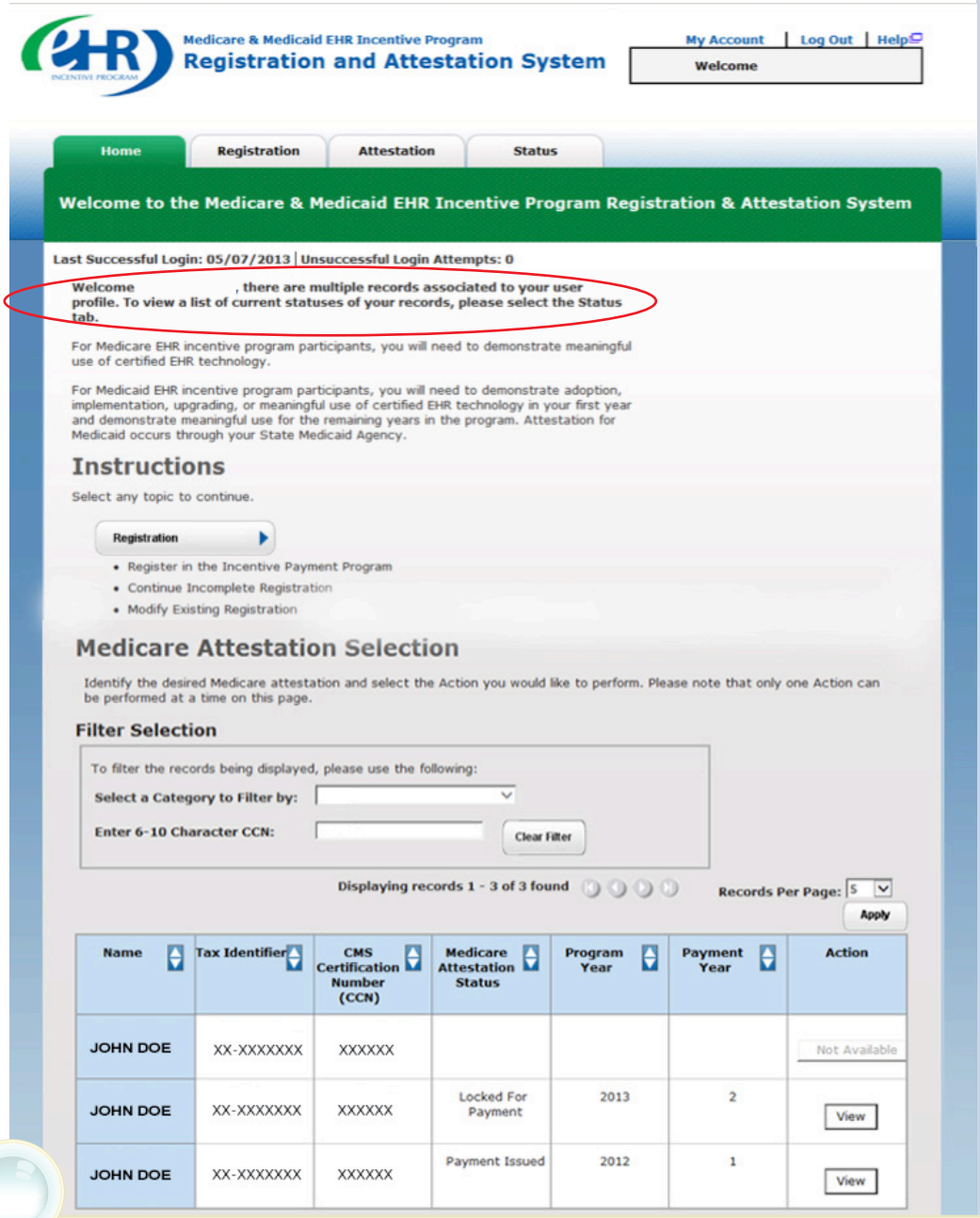
The Welcome screen consists of four tabs to navigate through the registration and attestation process

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

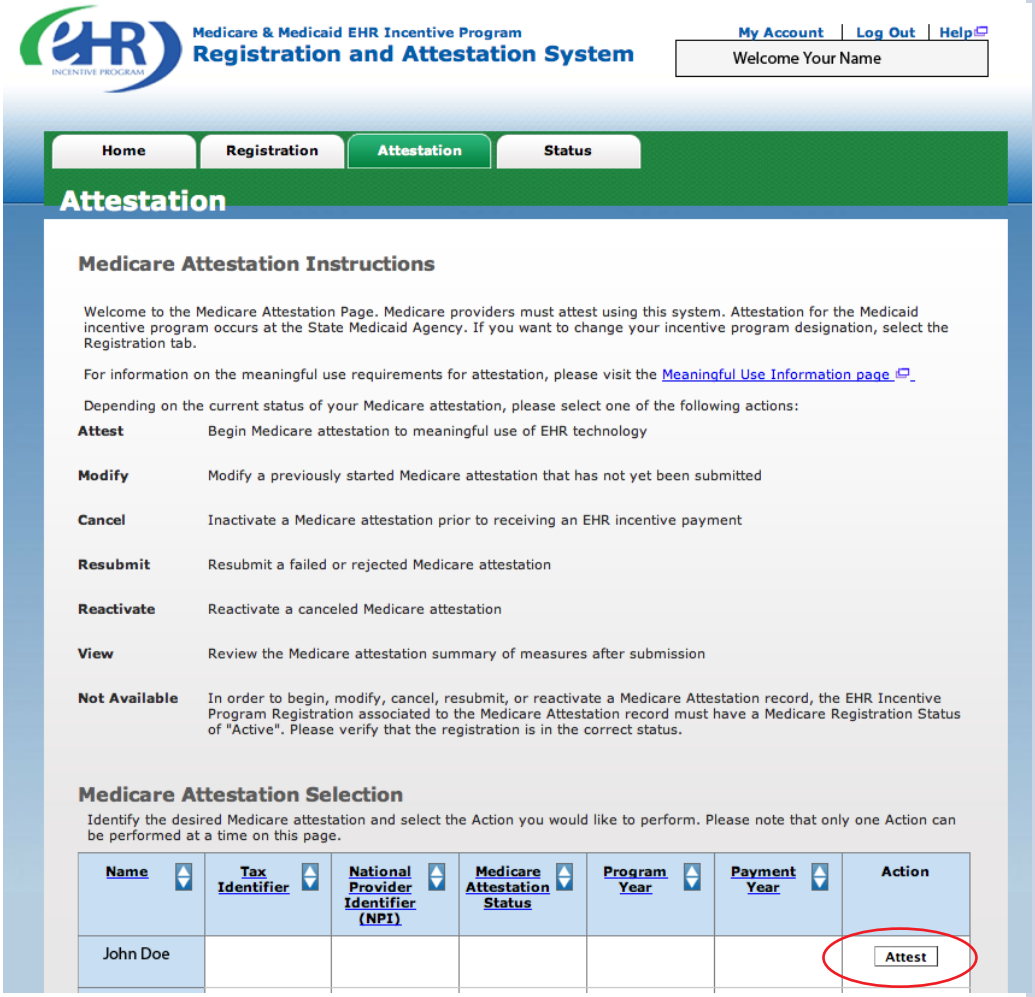
The Welcome screen consists of four tabs to navigate through the registration and attestation process

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.



STEPS

Read the Attestation instructions.

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

TIPS

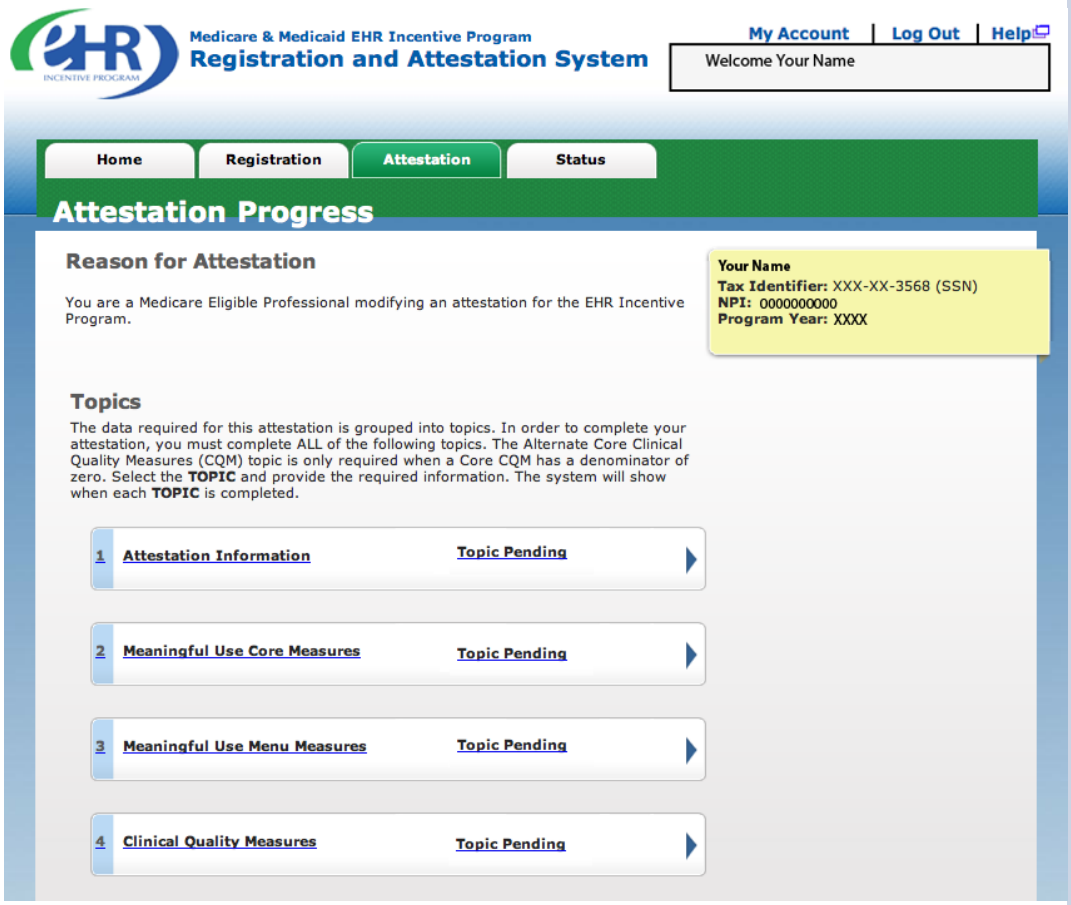
"Resubmit", "Modify", "Cancel" and "Reactivate" are the available Action web links for returning users

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 Attestion to begin the attestation process

TIPS

*The topics will only be marked as **completed** once all the information has been entered and saved*

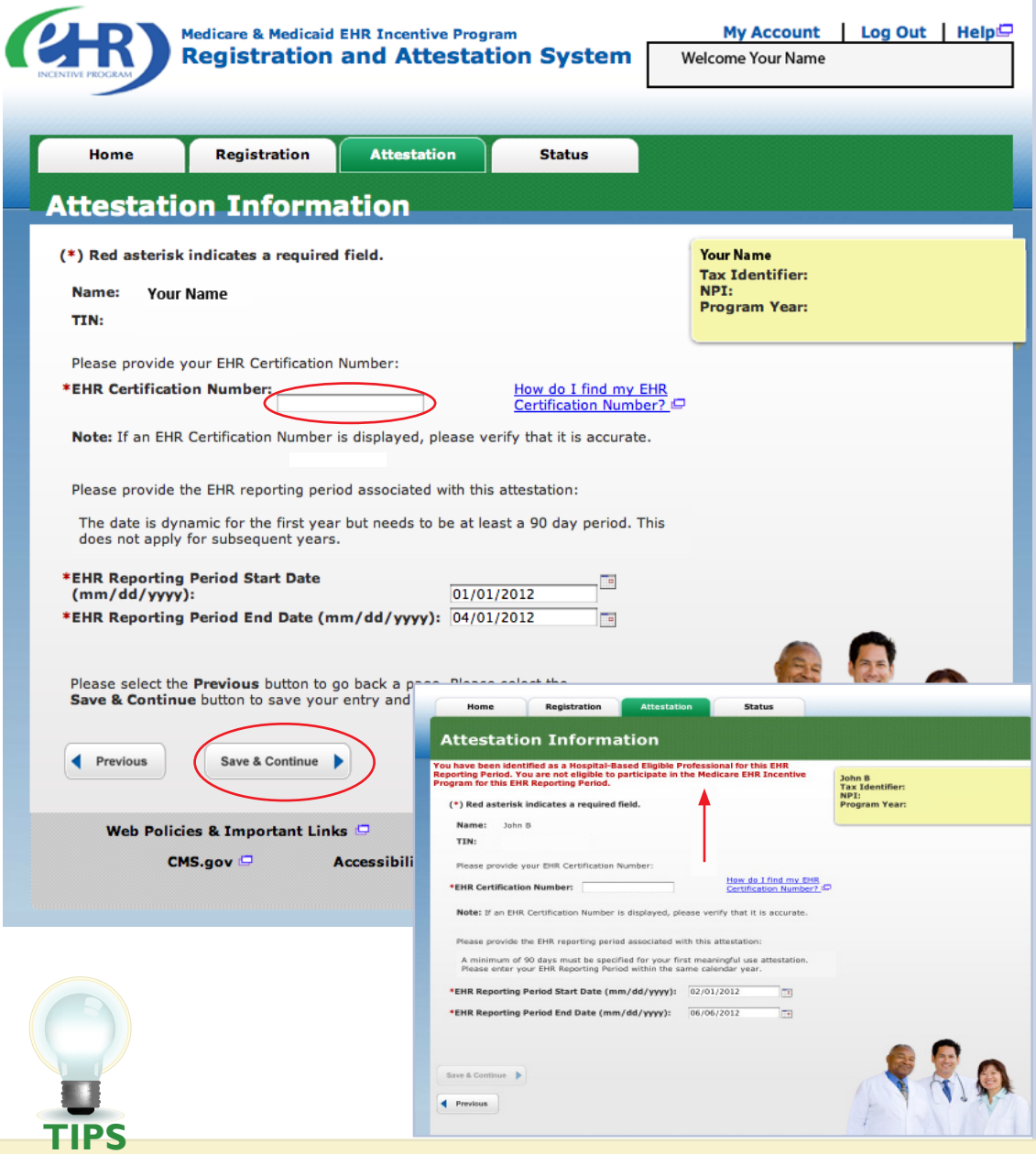
*When all topics are checked **completed** or **N/A** user can select **"Continue with Attestation"***

TOPICS PROGRESS

There are six topics that are required for attestation

1 2 3 4 5 6

Step 6 – Attestation Information



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 calender 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

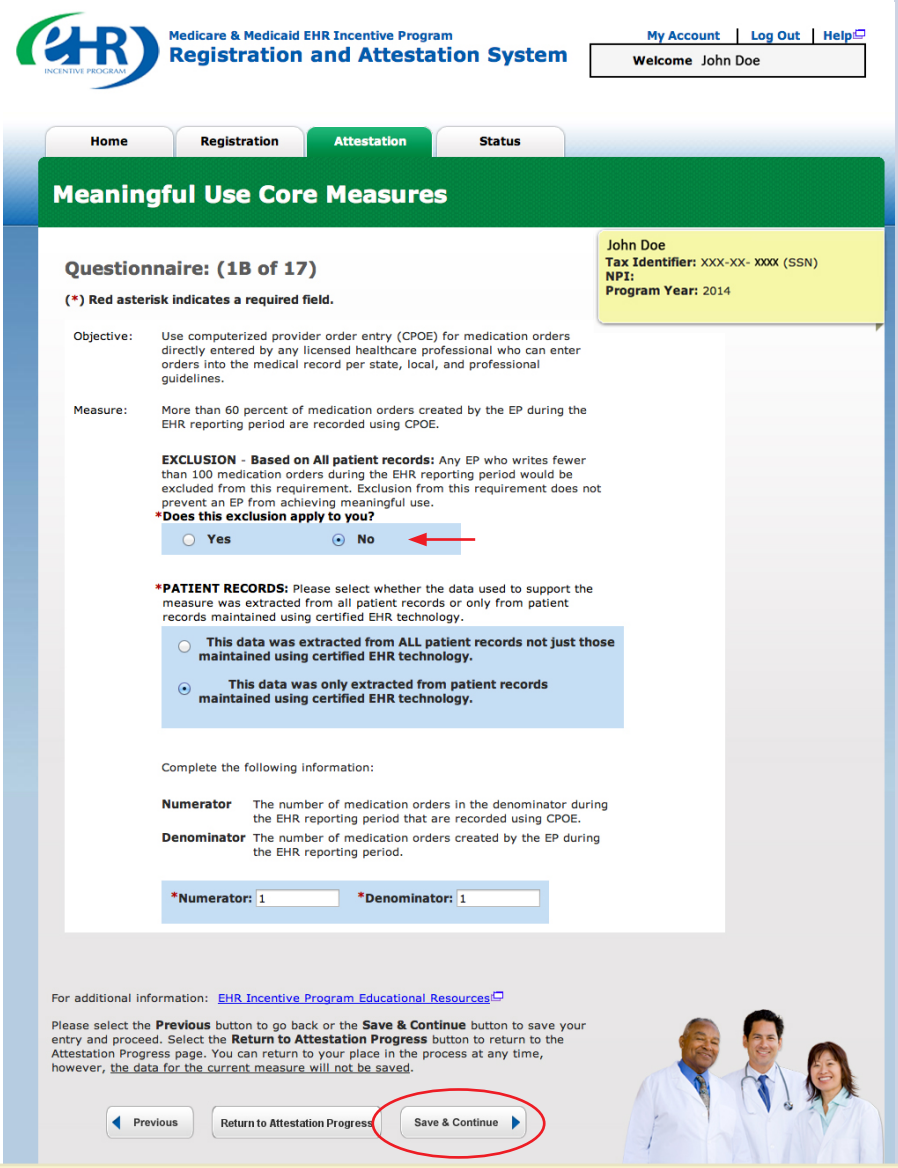
This is the first of six topics required for attestation

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.



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

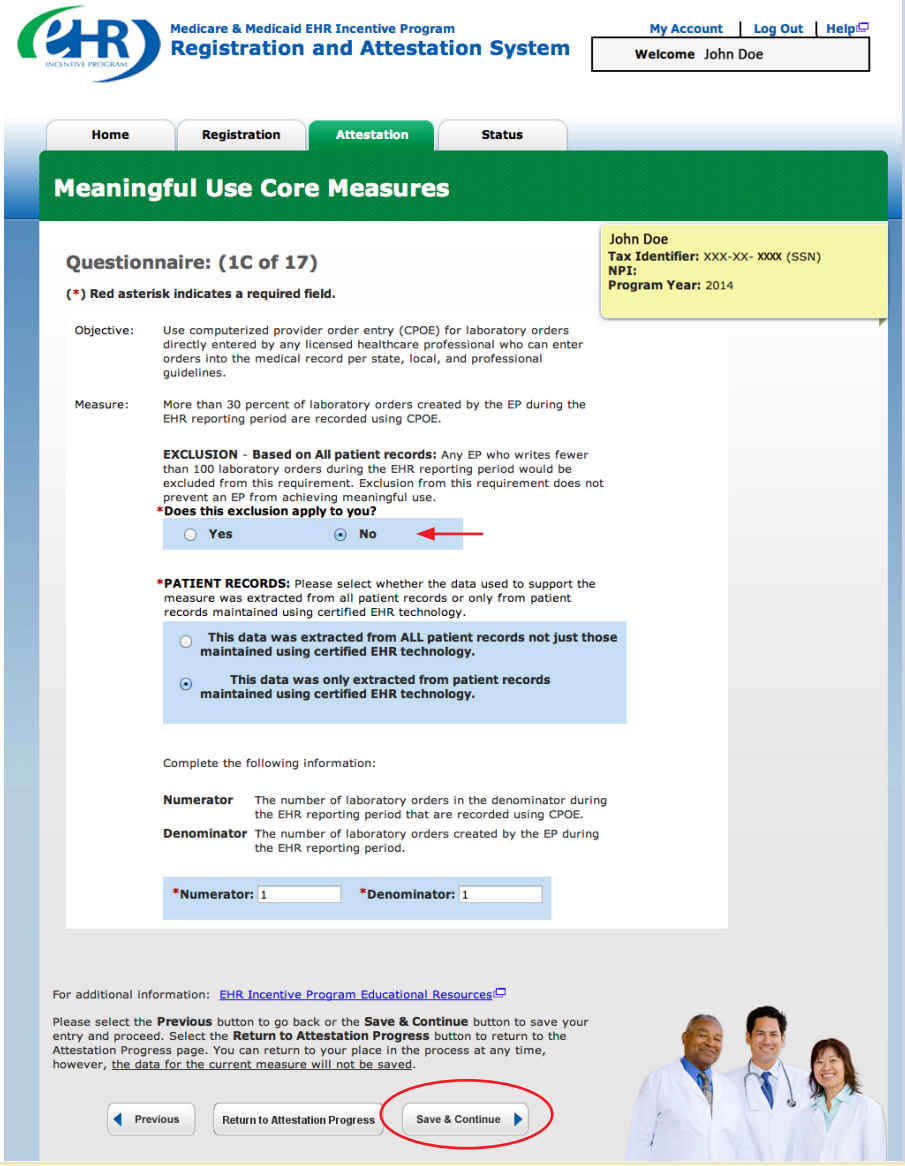
This is the second of six topics required for attestation

1 2 3 4 5 6

Step 8 –

Meaningful Use Core Measures Questionnaire (1C of 17)

Read the objective and measure and respond as appropriate.



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

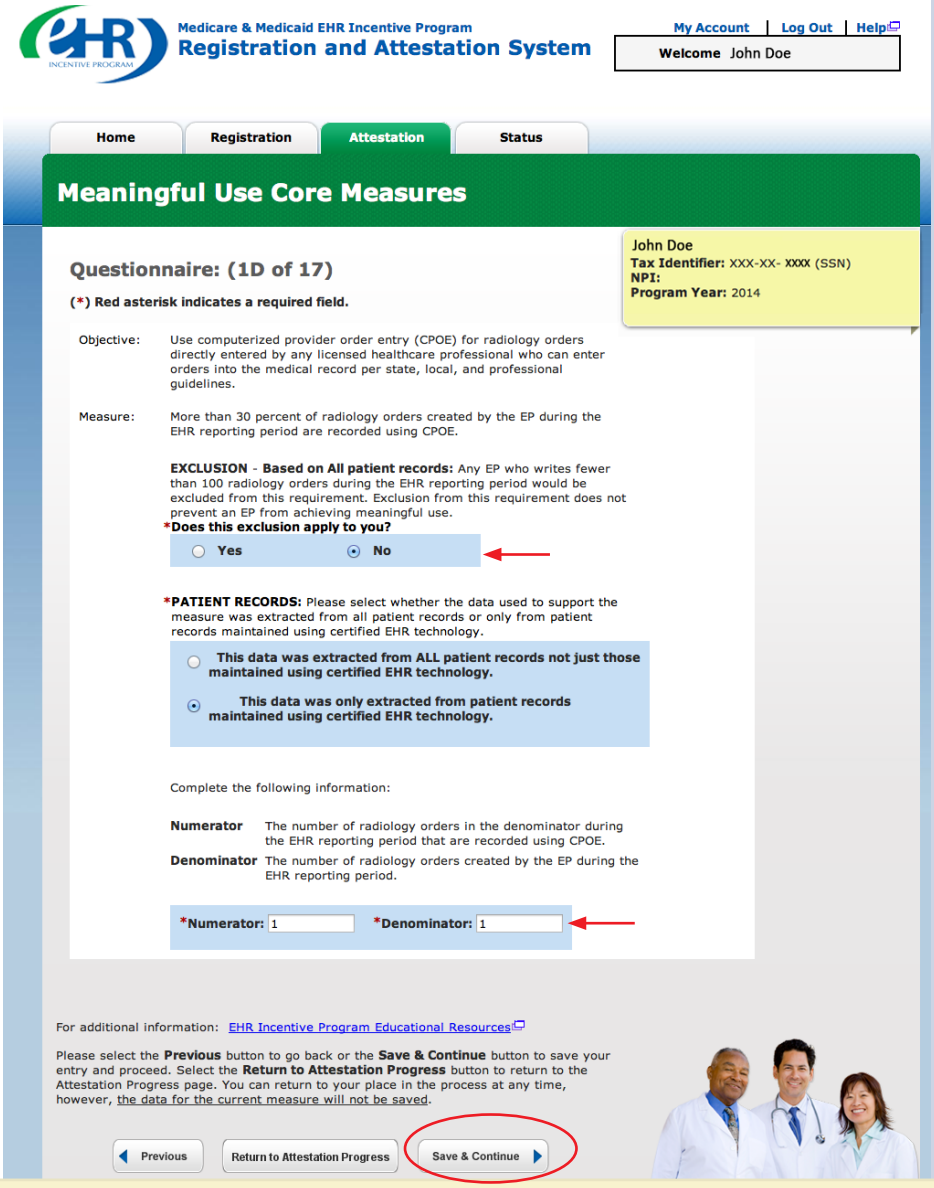
This is the second of six topics required for attestation

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.



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)*

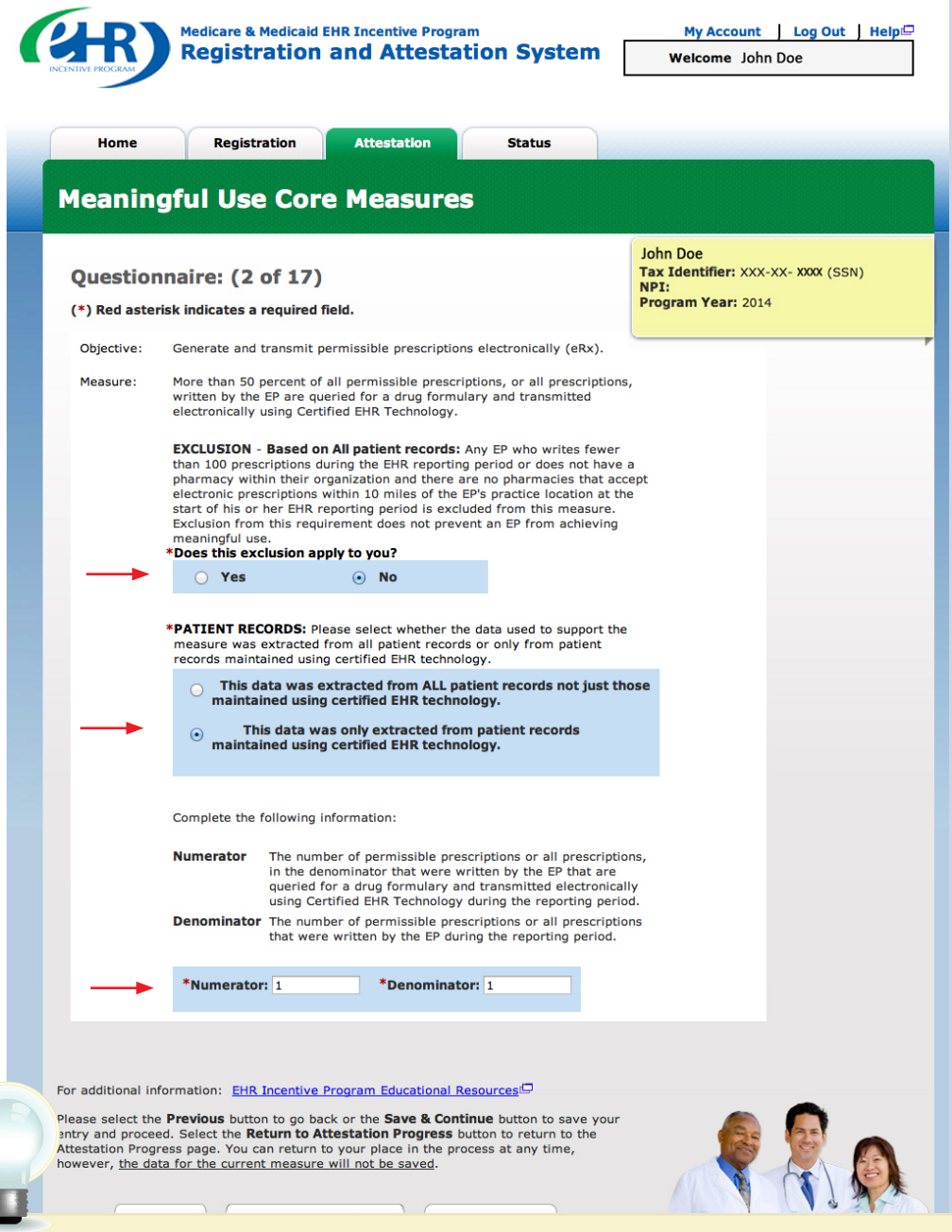
TOPICS PROGRESS

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)



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

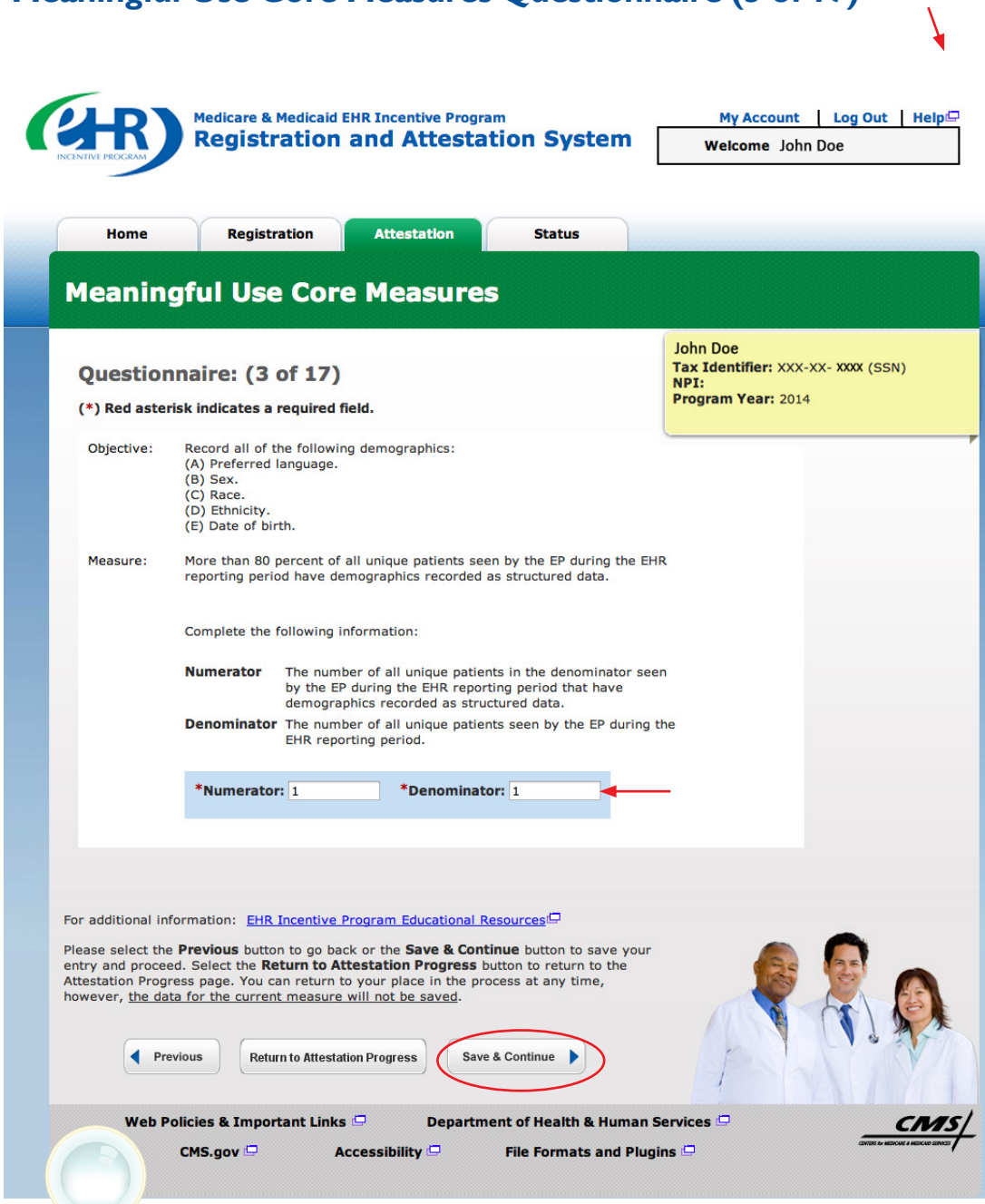
TOPICS PROGRESS

This is the second of six topics required for attestation

1 2 3 4 5 6

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

TIPS

Numerator and Denominator must be whole numbers

Click on HELP for additional guidance to navigate the system

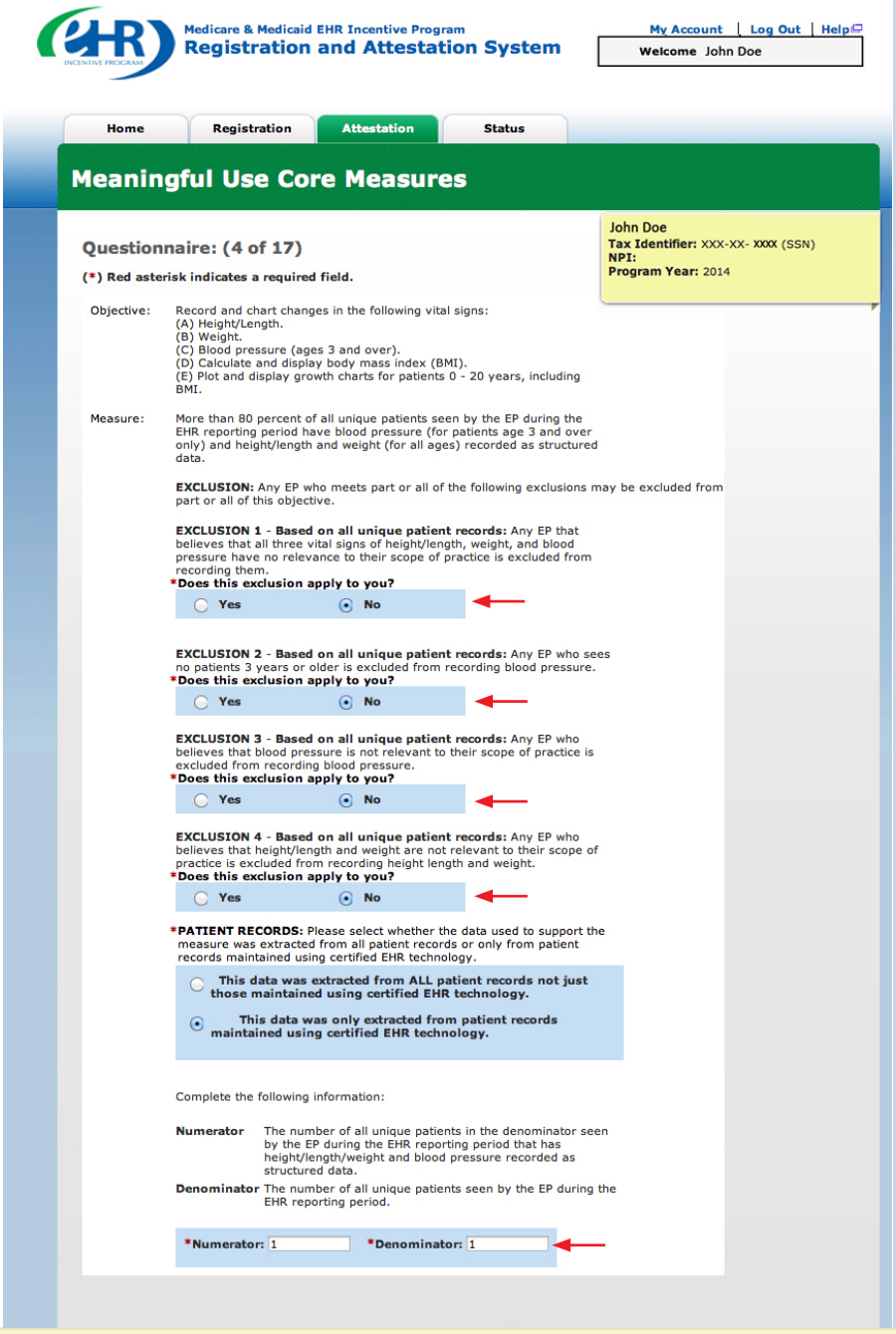
The Help link is on every page

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)



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

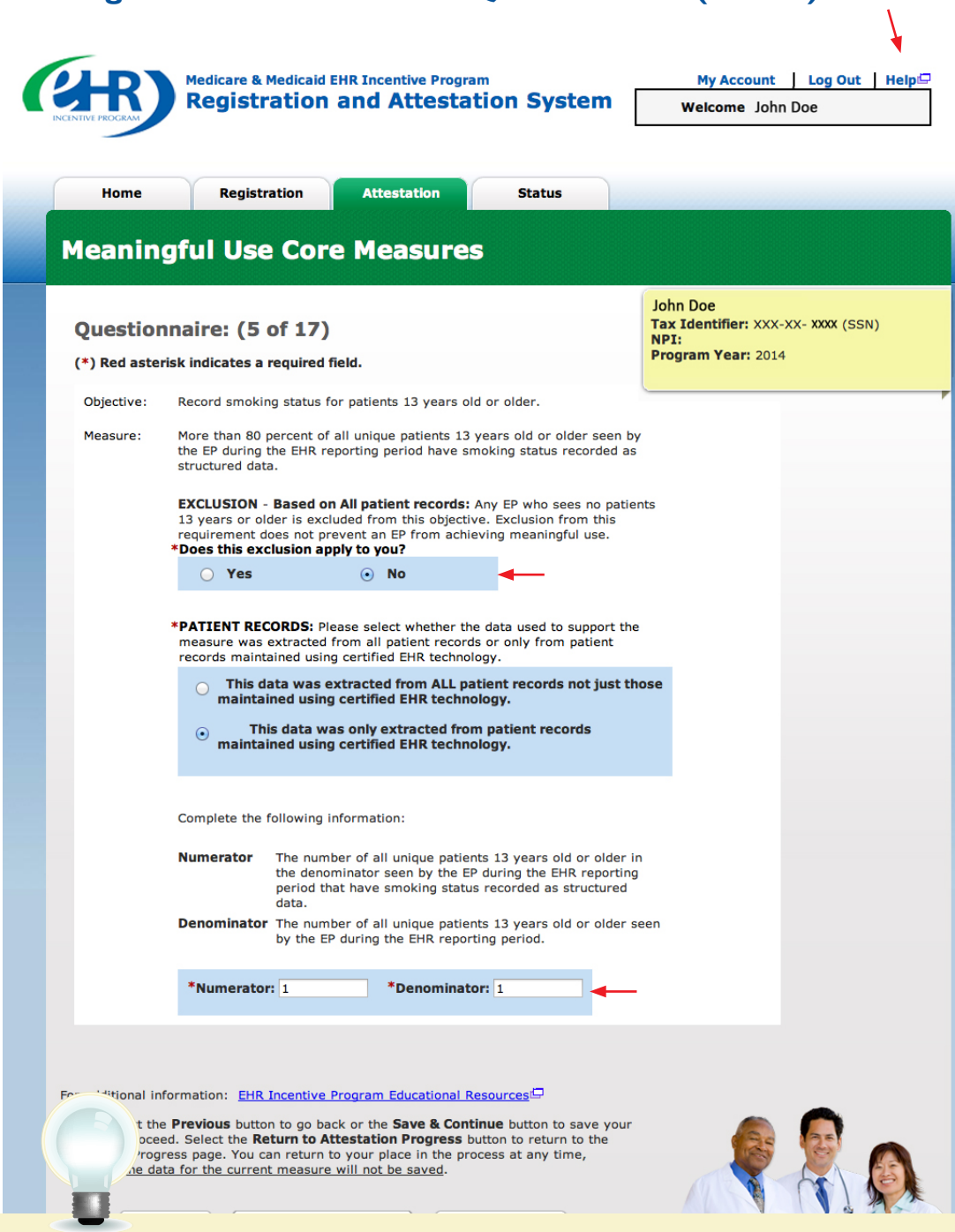
TOPICS PROGRESS

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)



STEPS

Select the appropriate option under Patient Records

Answer Yes or No to the Exculsion

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

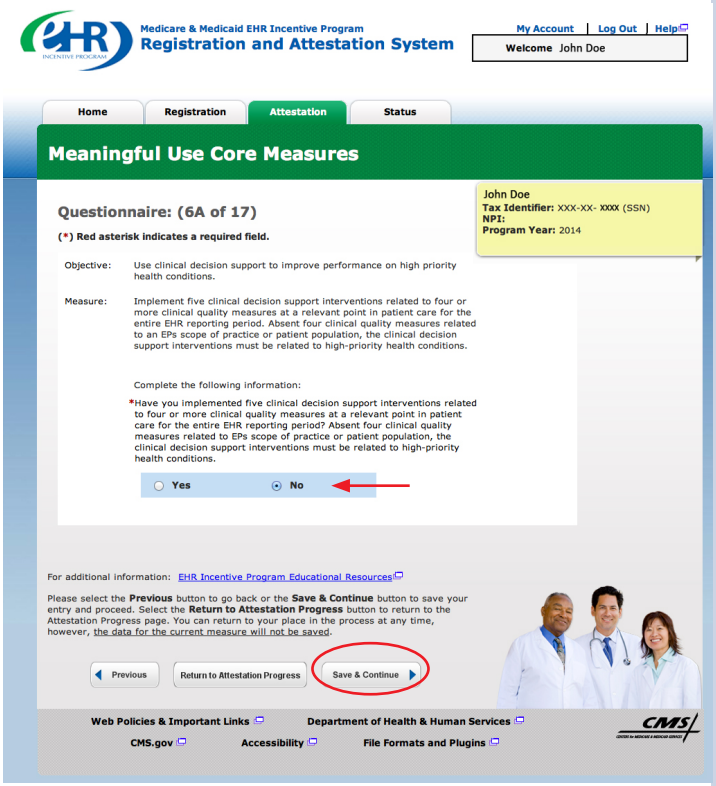
The Help link is on every page

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)

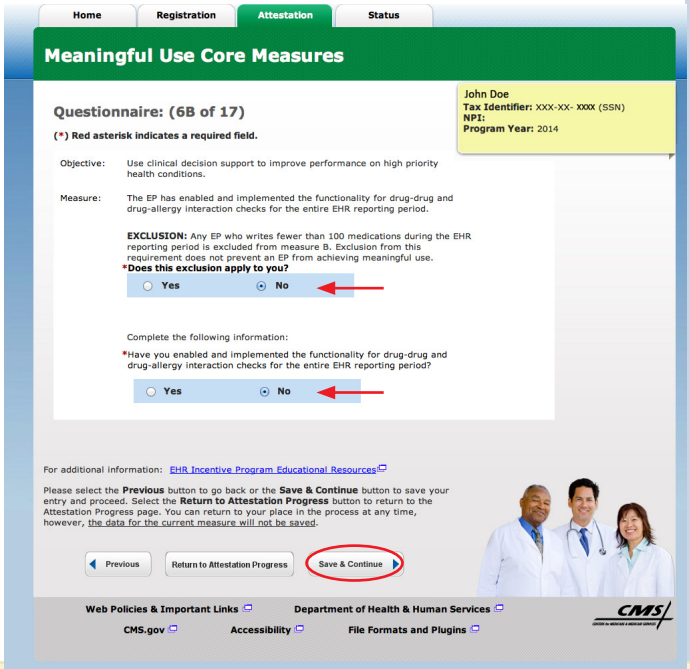


STEPS

Select Yes or No

Click on *Save & Continue*

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



STEPS

Select Yes or No under the exclusion

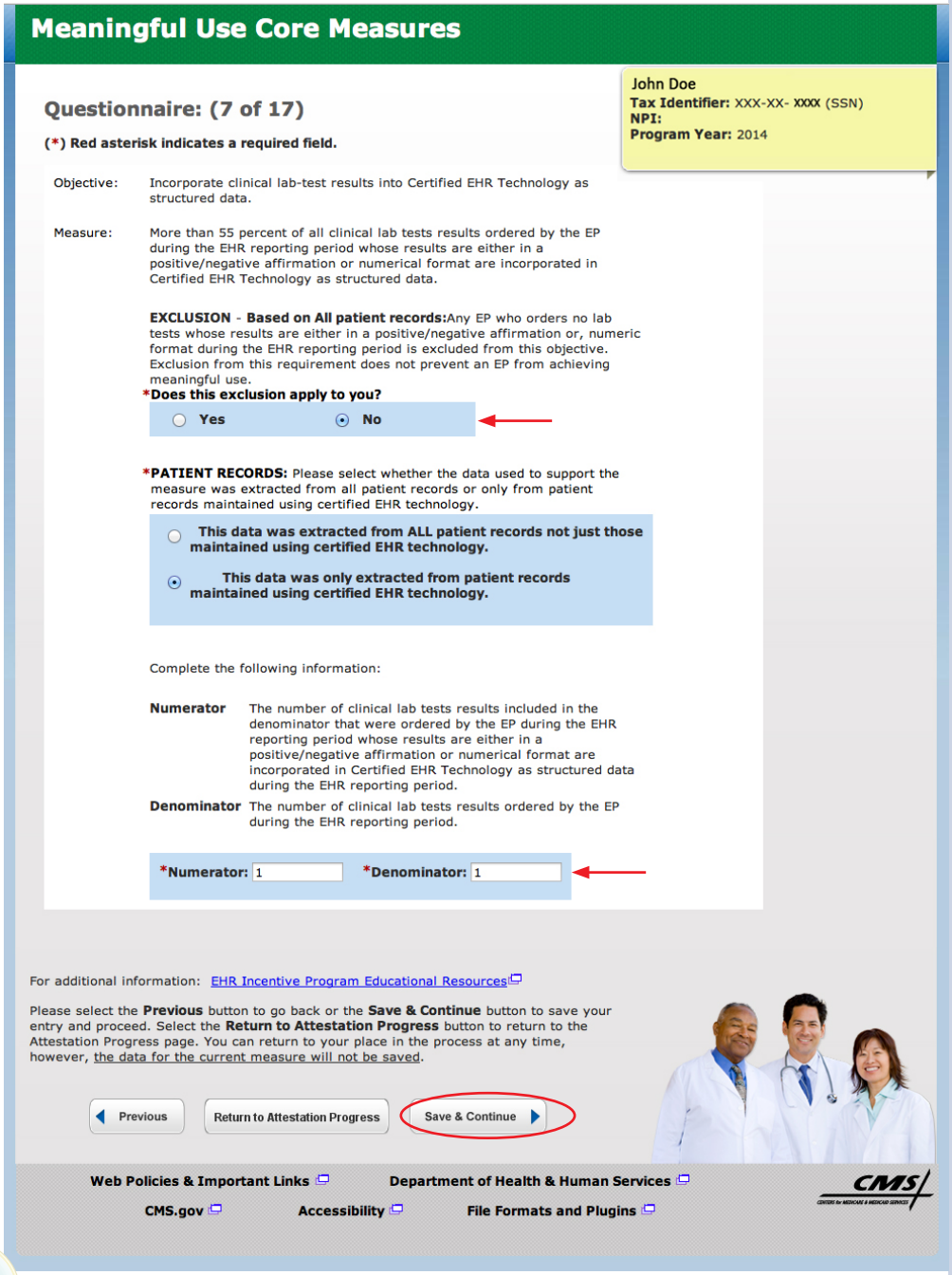
Click on *Save & Continue*

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)



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

1 2 3 4 5 6

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

Numerator and Denominator must be whole numbers

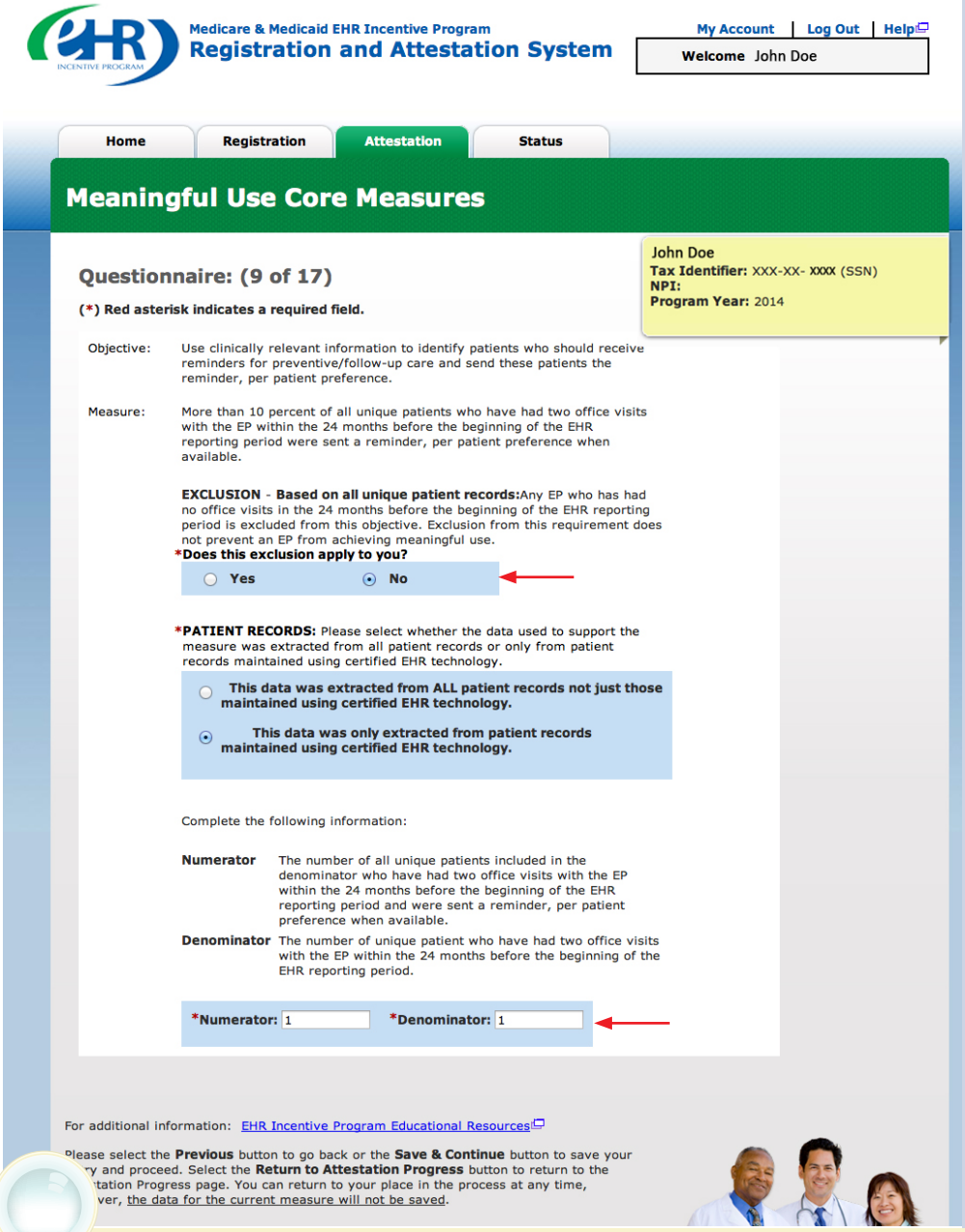
You may select the Previous button to go back

TOPICS PROGRESS

This is the second of six topics required for attestation

1 2 3 4 5 6

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



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.

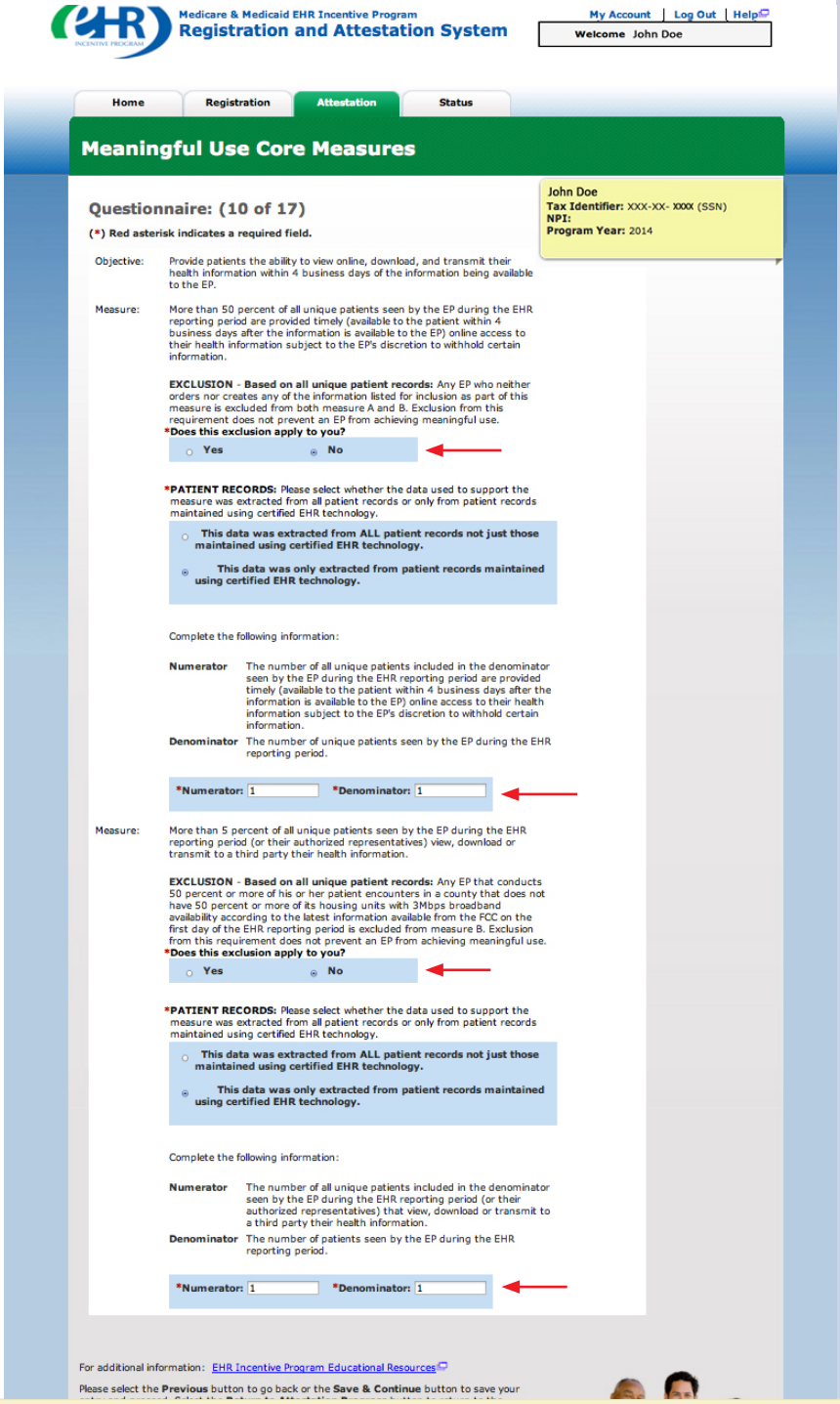
The completed topics have a check mark on the Topics screen

TOPICS PROGRESS

This is the second of six topics required for attestation

1 2 3 4 5 6

Step 19 –
Meaningful Use Core Measures Questionnaire (10 of 17)



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

Numerator and Denominator must be whole numbers

You may select the Previous button to go back

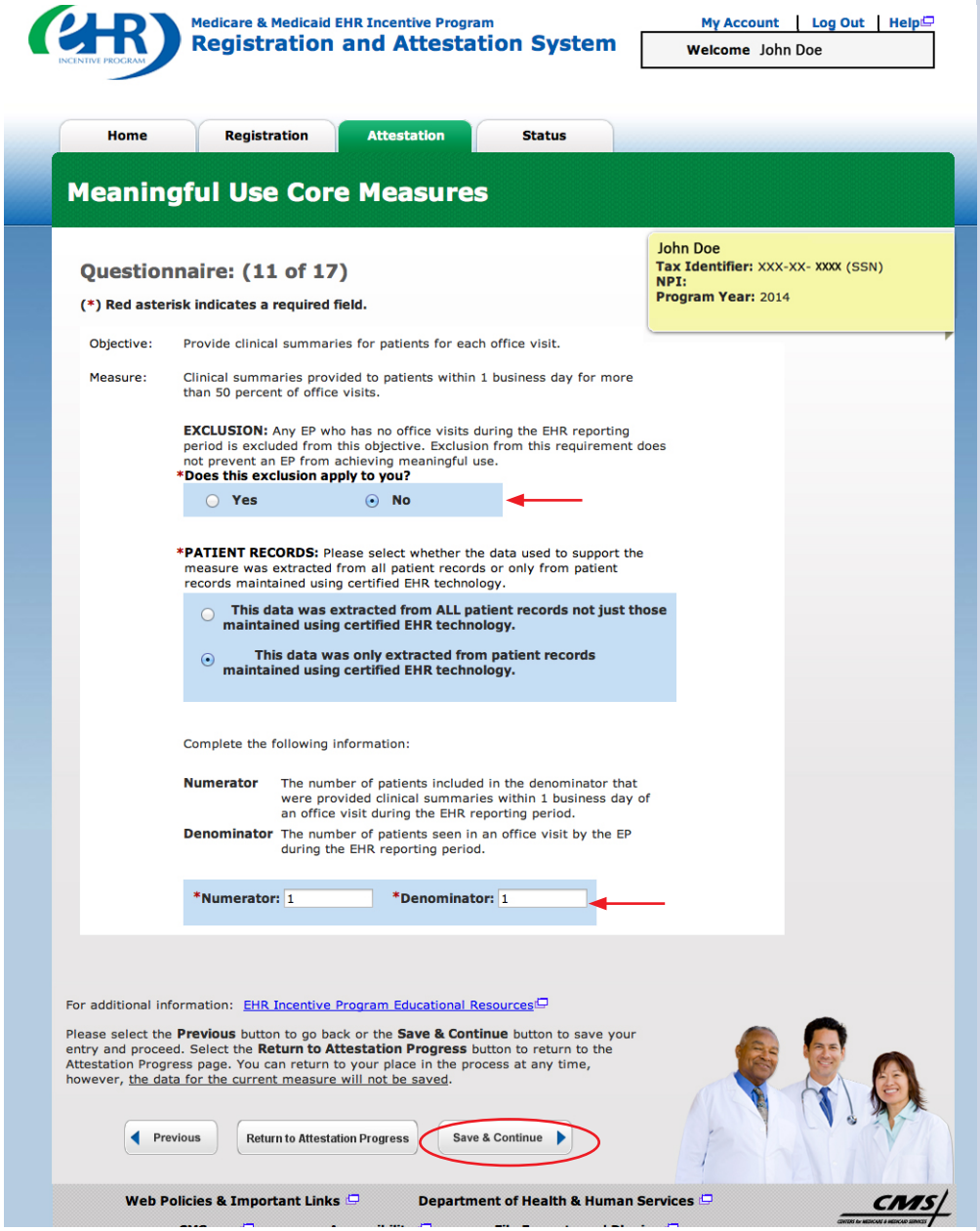
TOPICS PROGRESS

This is the second of six topics required for attestation

1 2 3 4 5 6

Step 20 –

Meaningful Use Core Measures Questionnaire (11 of 17)



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

Numerator and Denominator must be whole numbers

You may select the Previous button to go back

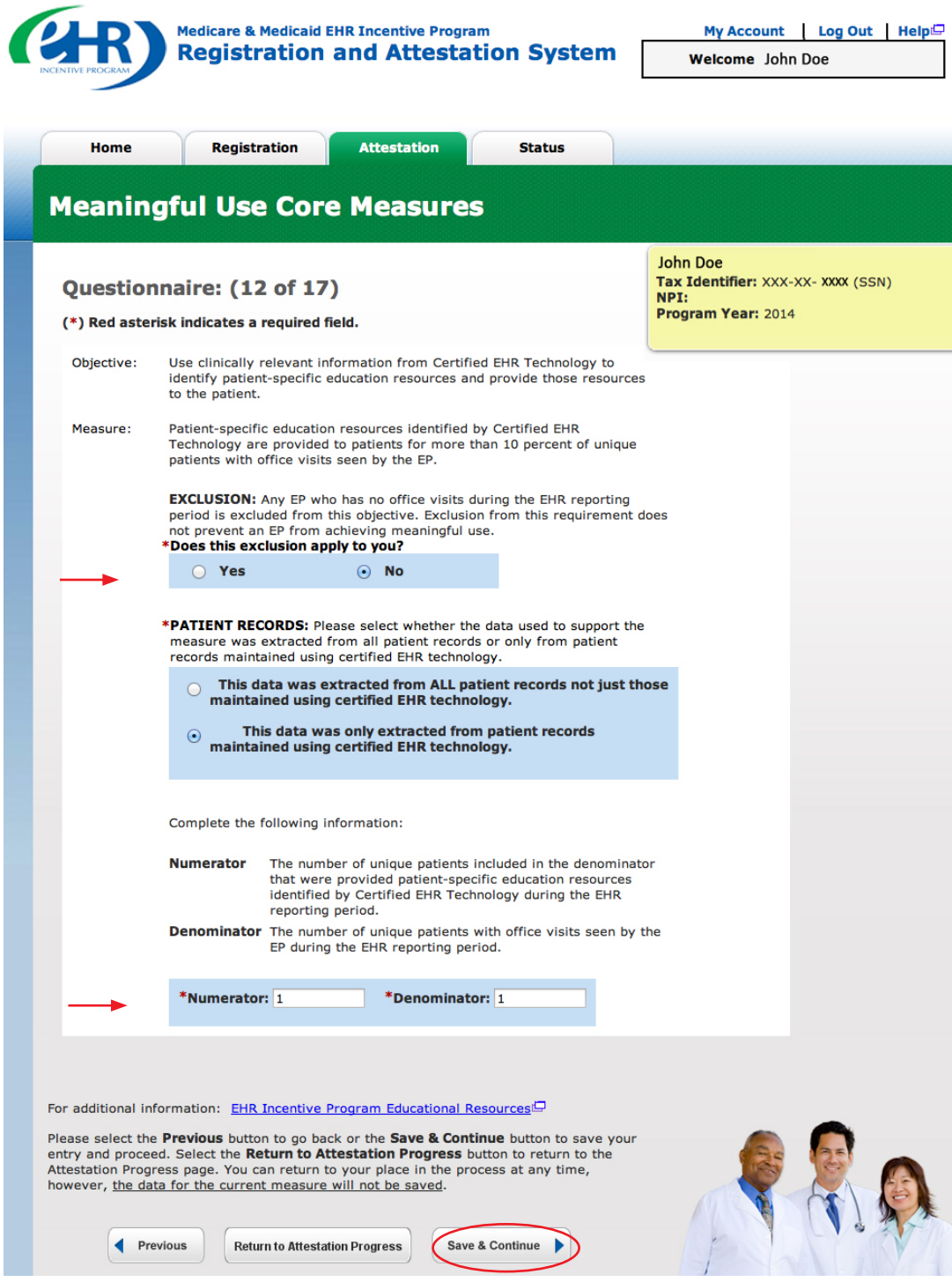
TOPICS PROGRESS

This is the second of six topics required for attestation

1 2 3 4 5 6

Step 21 –

Meaningful Use Core Measures Questionnaire (12 of 17)



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*

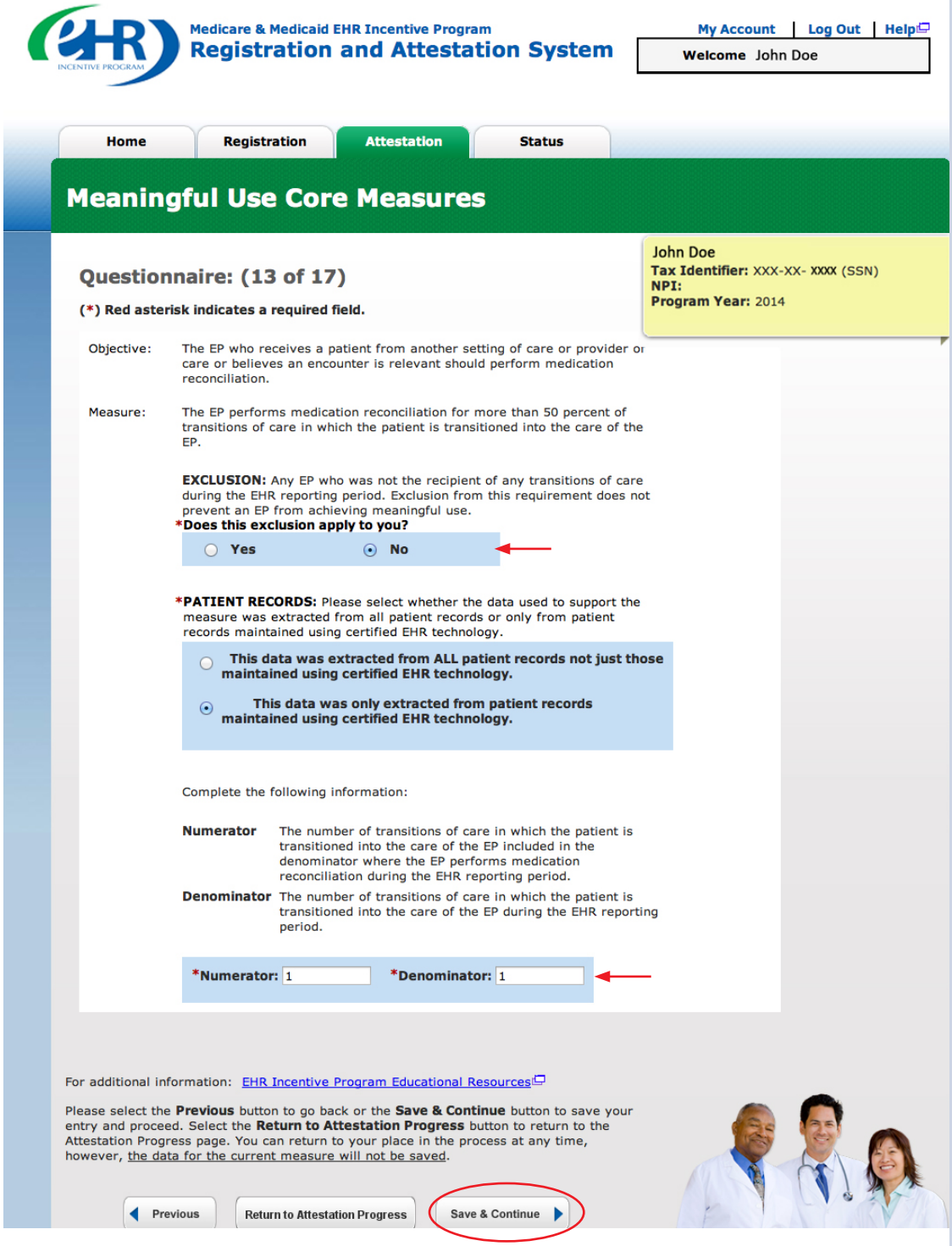
Log back into the system and select the "Attestation" tab to continue your attestation when you return

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)



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

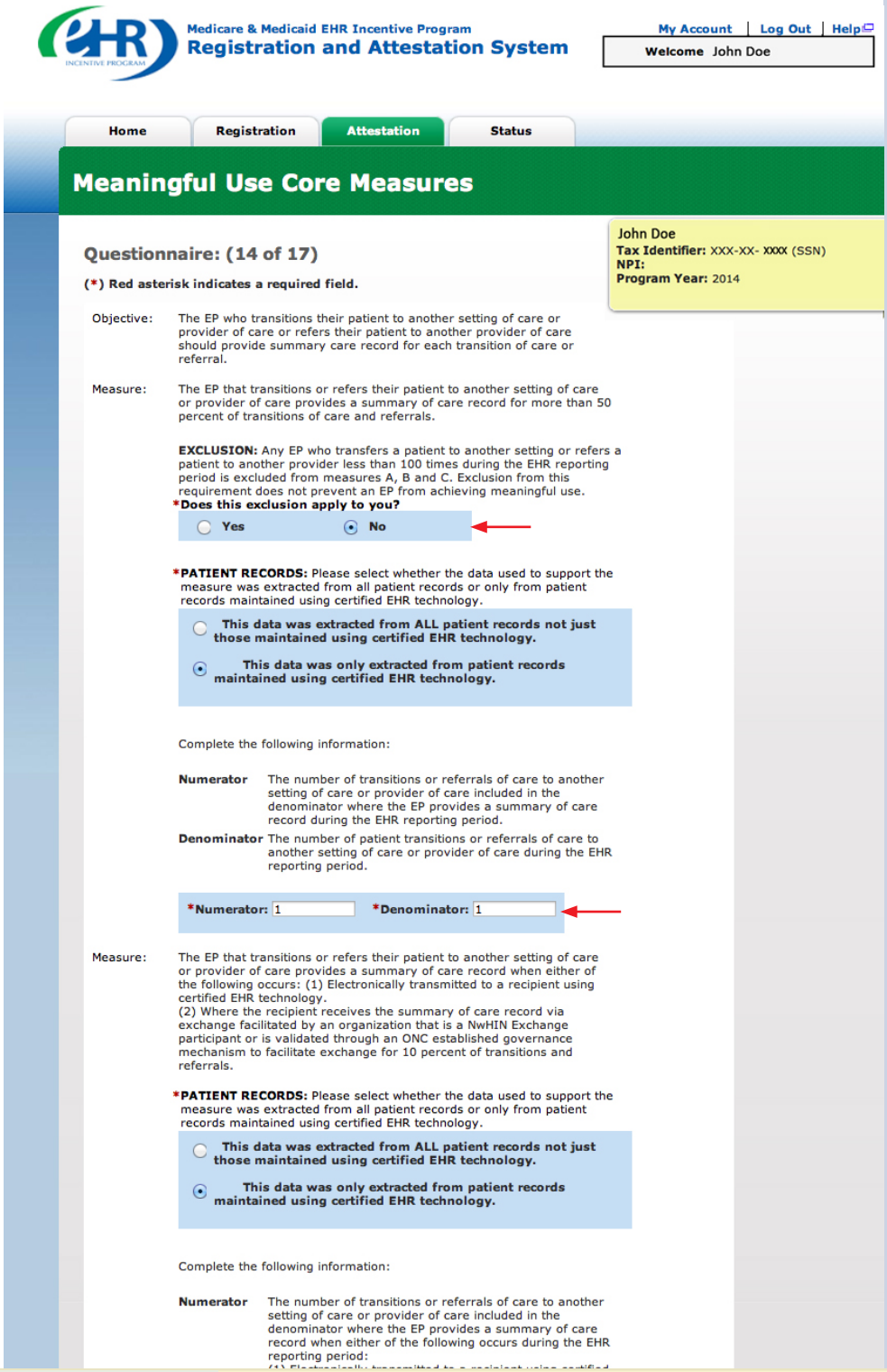
Click *Save & Continue*

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)



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

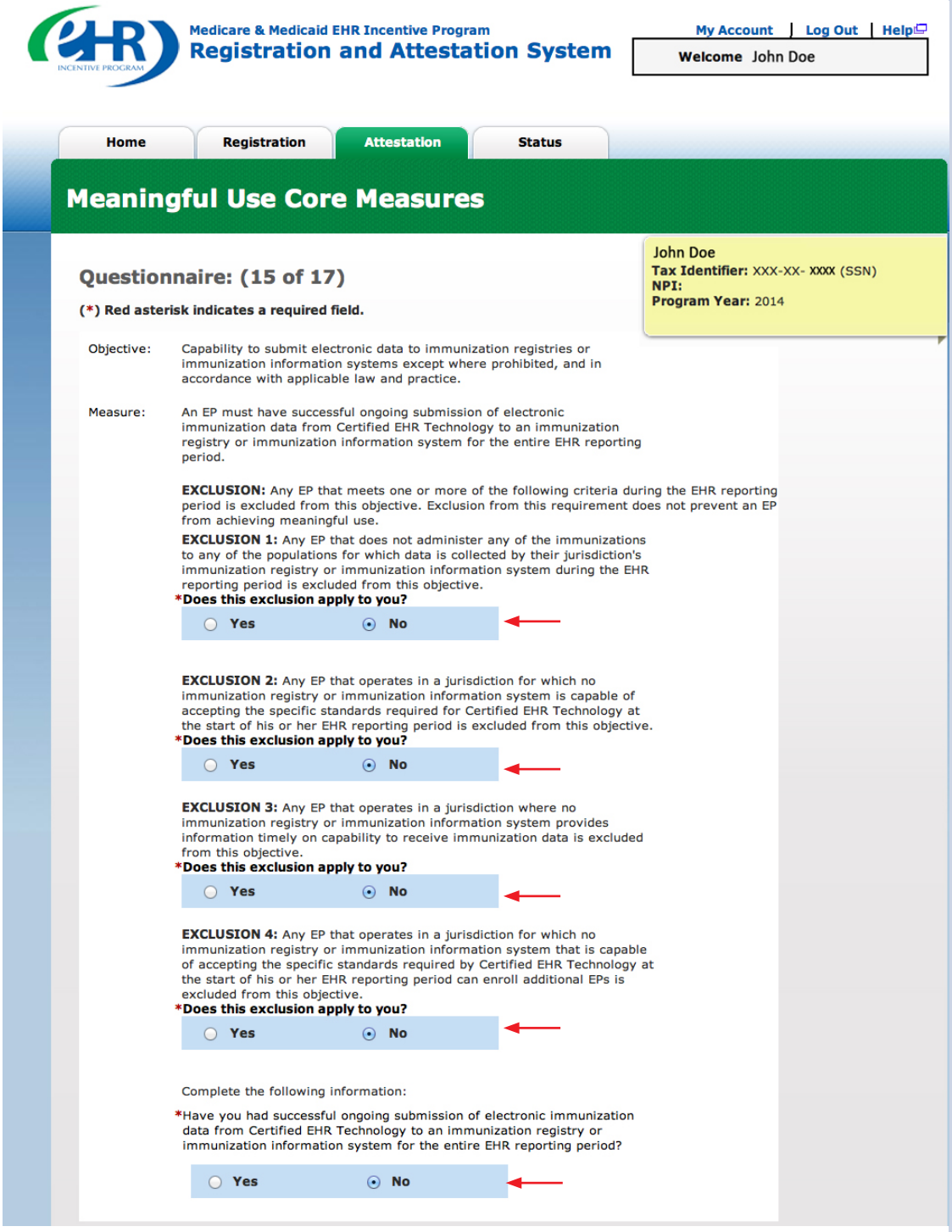
TOPICS PROGRESS

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)



STEPS

Select Yes or No under the Exclusions

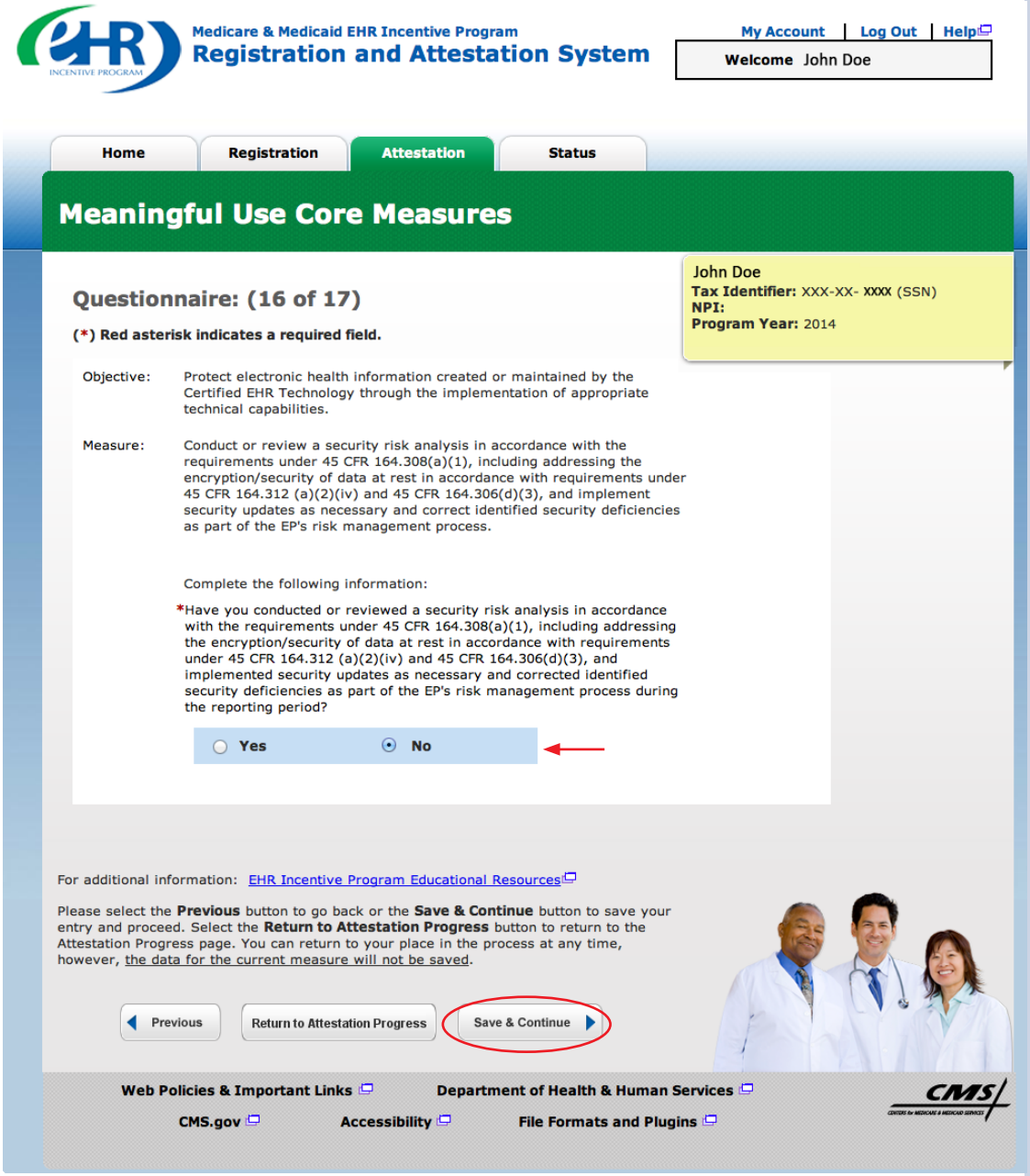
Click *Save & Continue*

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)



STEPS

Select Yes or No under the Exclusions

Click *Save & Continue*

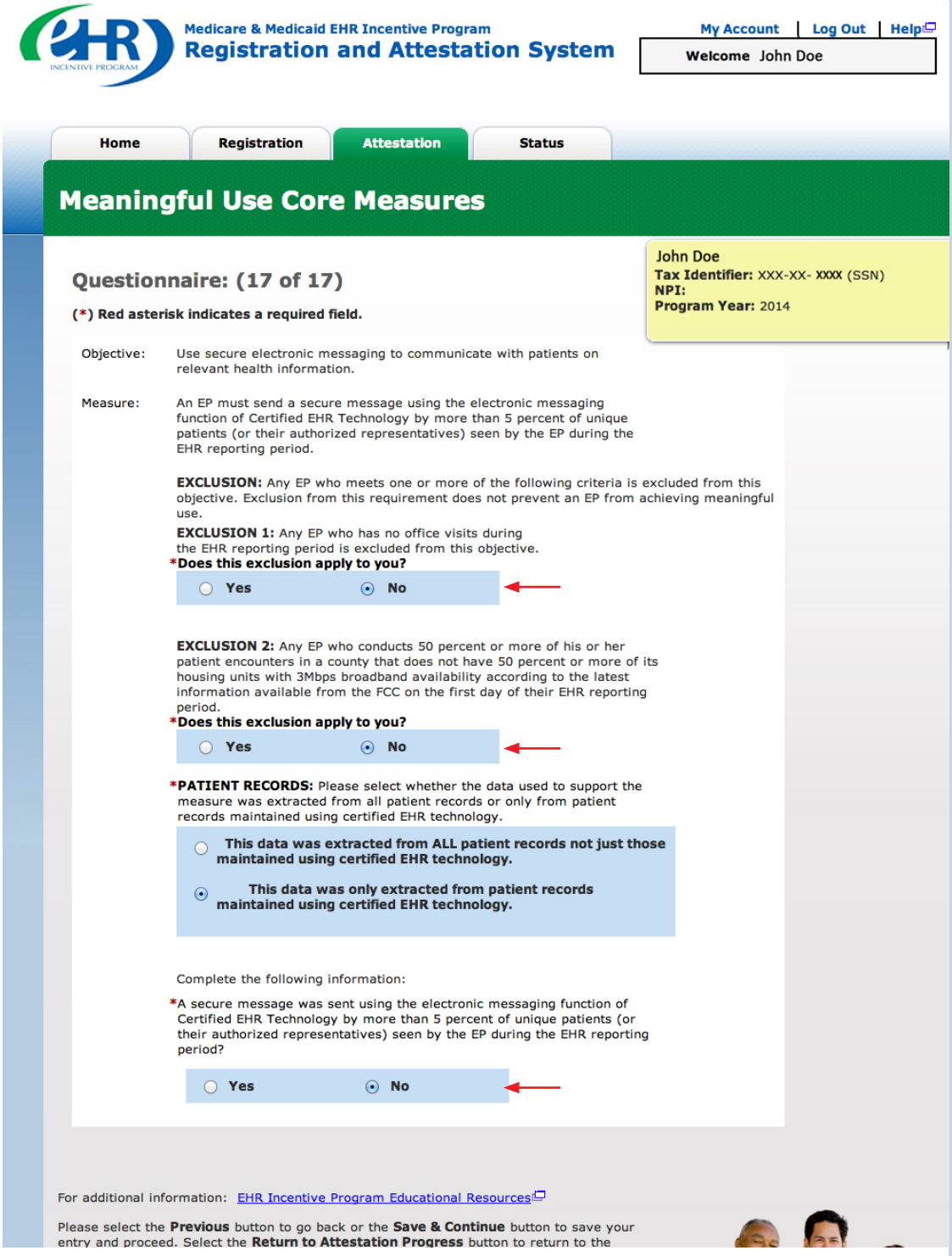
TOPICS PROGRESS

This is the second of six topics required for attestation

1 2 3 4 5 6

Step 26 –

Meaningful Use Core Measures Questionnaire (17 of 17)



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

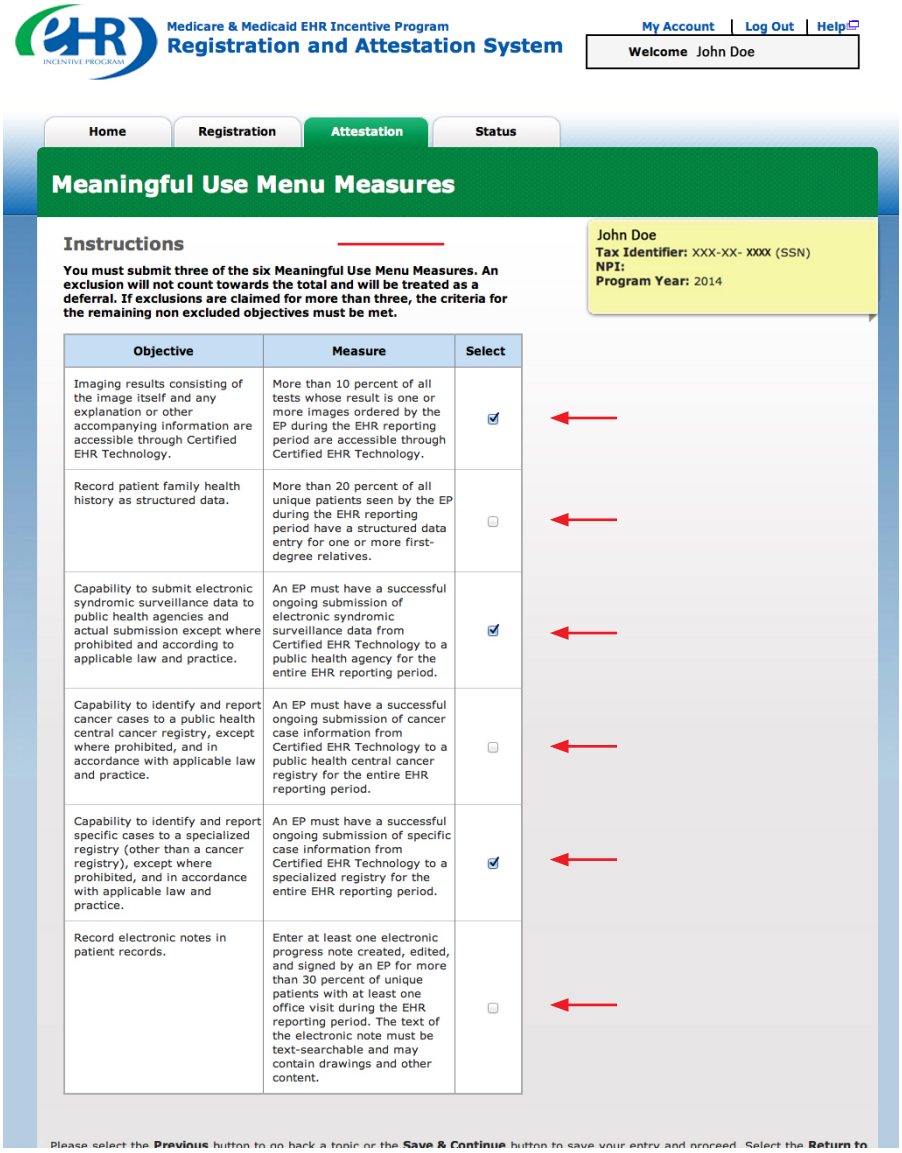
TOPICS PROGRESS

This is the second of six topics required for attestation

1 2 3 4 5 6

Step 27 – Meaningful Use Menu Measures Questionnaire

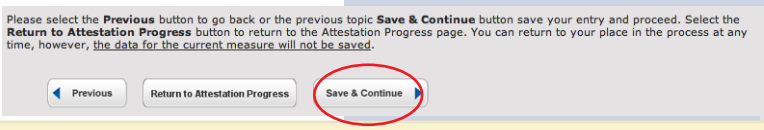
QUESTIONNAIRE



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

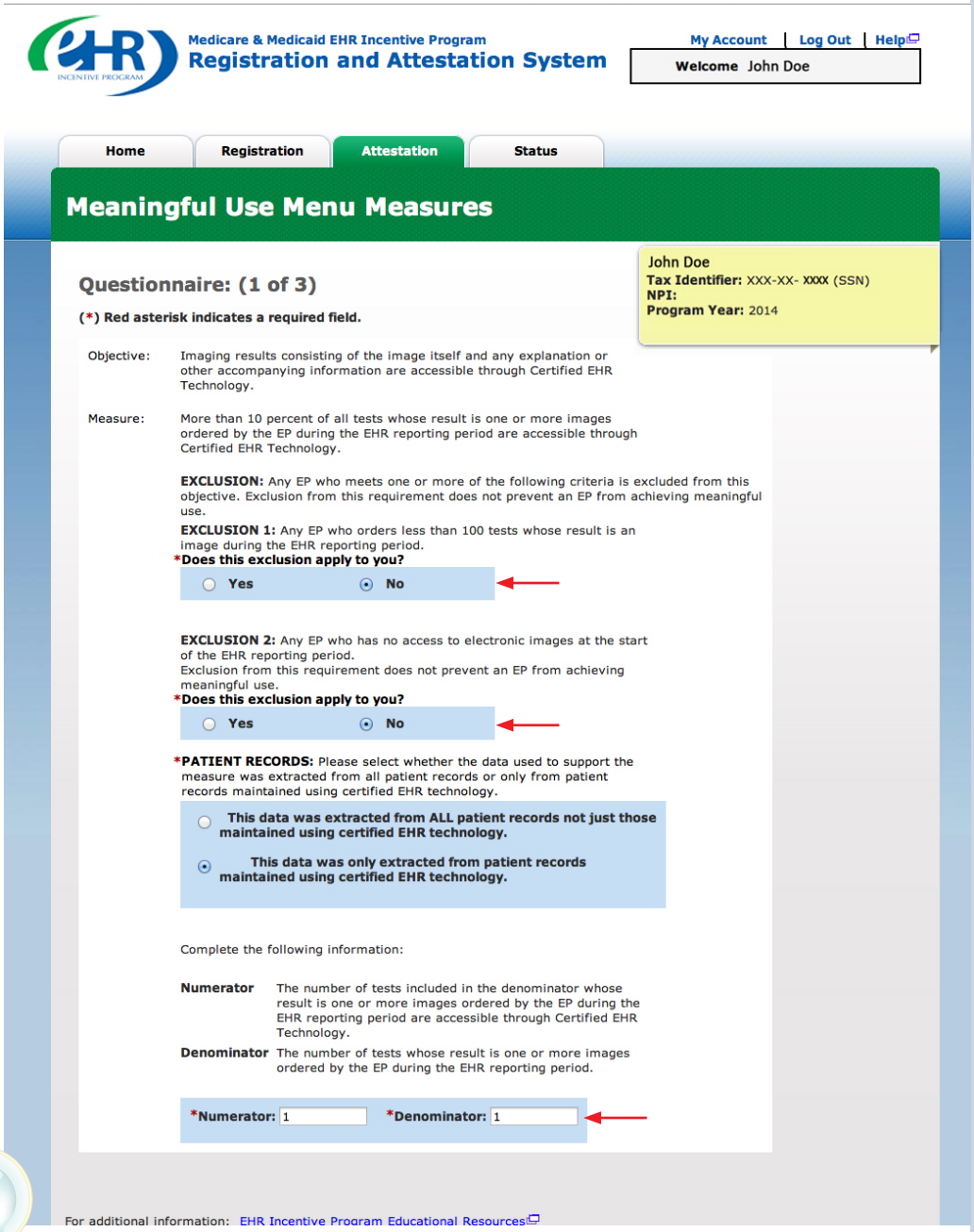
TOPICS PROGRESS

This is the third of six topics required for attestation

1 2 3 4 5 6

Step 28 – Review of the Meaningful Use Menu Measures

Menu Measure 1 of 3



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*

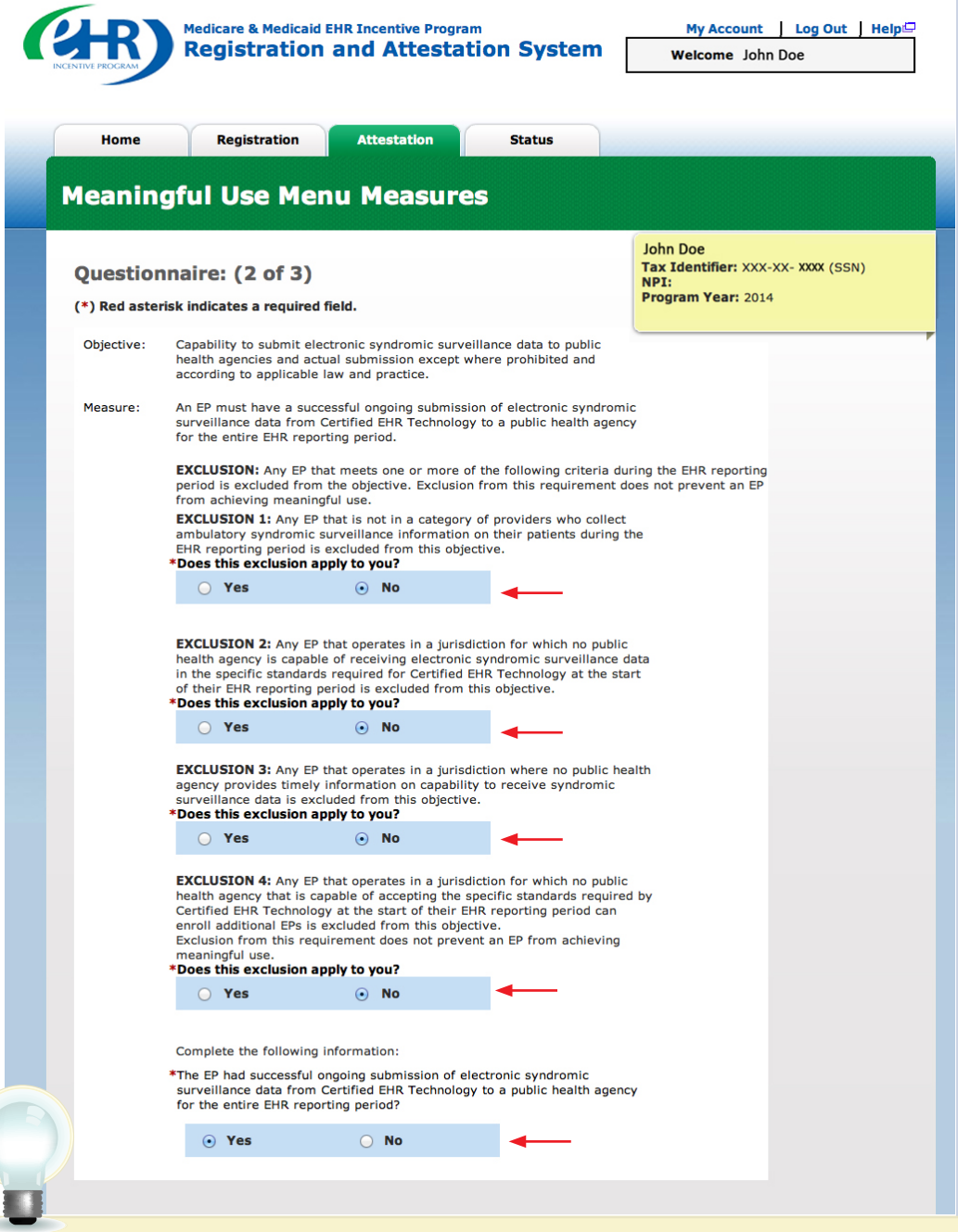
TOPICS PROGRESS

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



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*

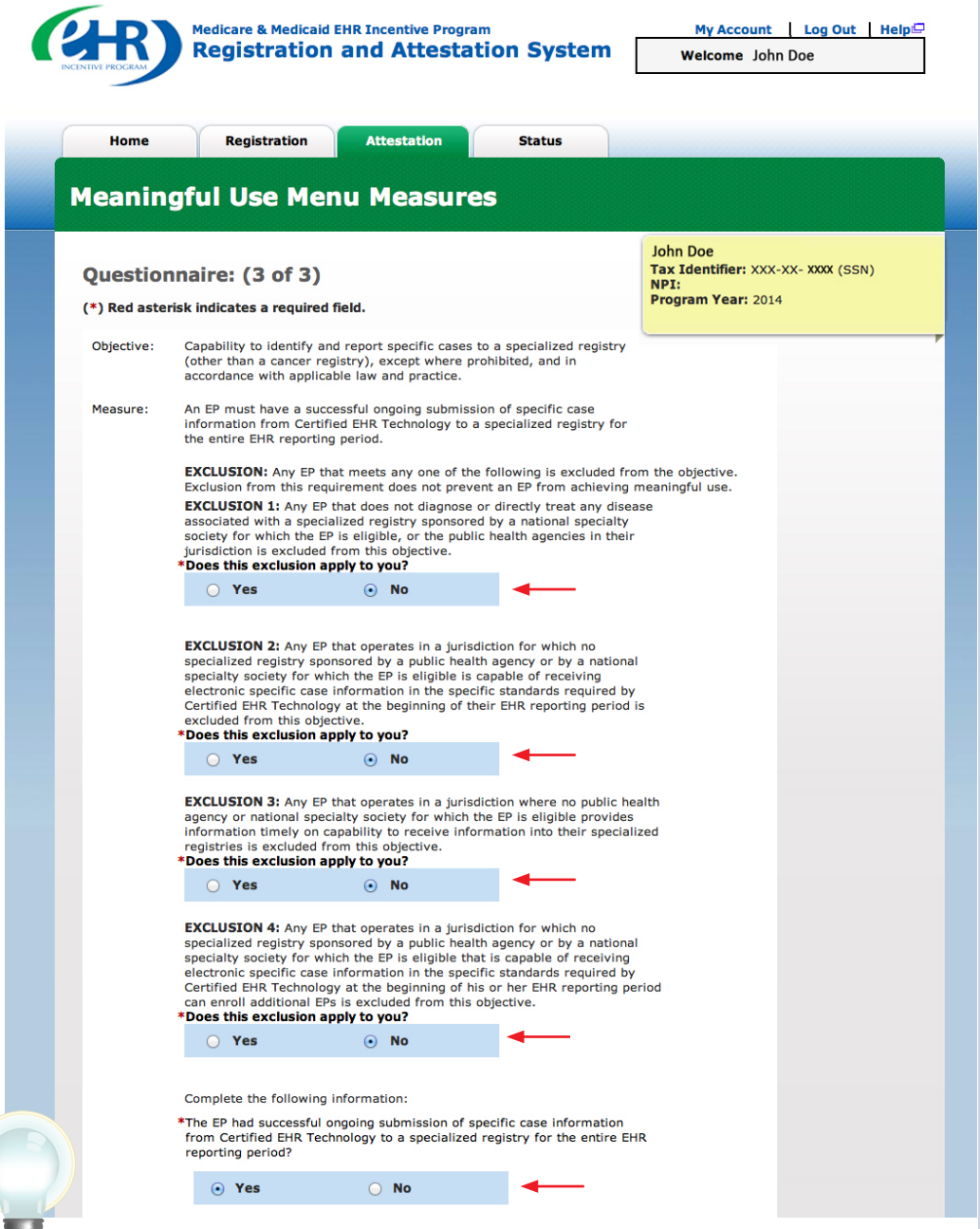
TOPICS PROGRESS

This is the third of six topics required for attestation

1 2 3 5

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

Menu Measures 3 of 3



STEPS

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

Enter the Numerator and Denominator

Click *Save & Continue* to process with attestation

TIPS

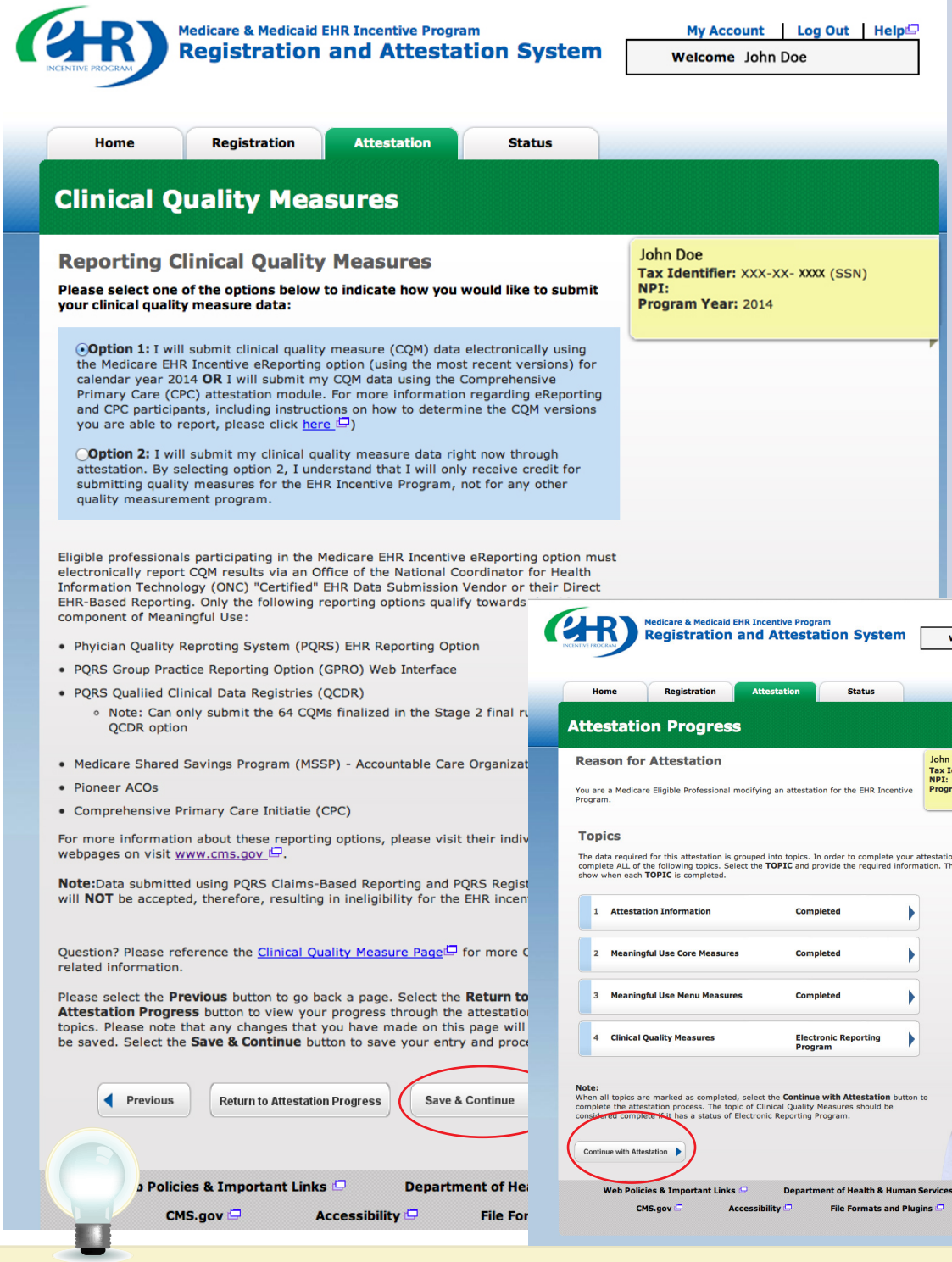
*While this User Guide reviews all six measures, the Attestation module will only show you the **three** you selected*

TOPICS PROGRESS

This is the third of six topics required for attestation

1 2 3 5

Step 31 – Clinical quality measures (CQM) – Reporting Clinical Quality Measures



STEPS

Select Option 1 or 2

If you choose Option 1, you must electronically report.

Clink 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

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

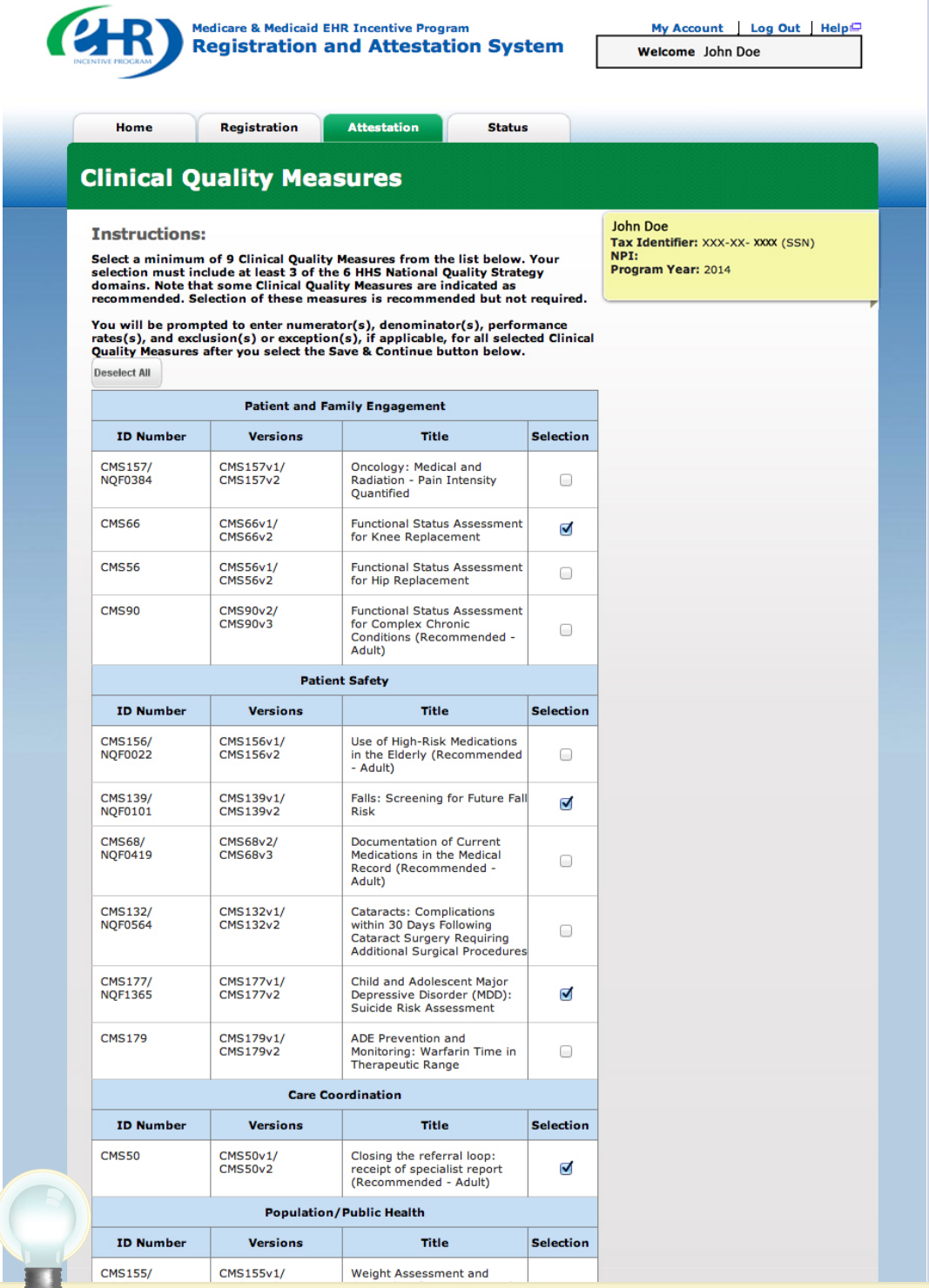
TOPICS PROGRESS

This is the third of six topics required for attestation

1 2 3 4 5 6

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.

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

Deselect All

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

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***

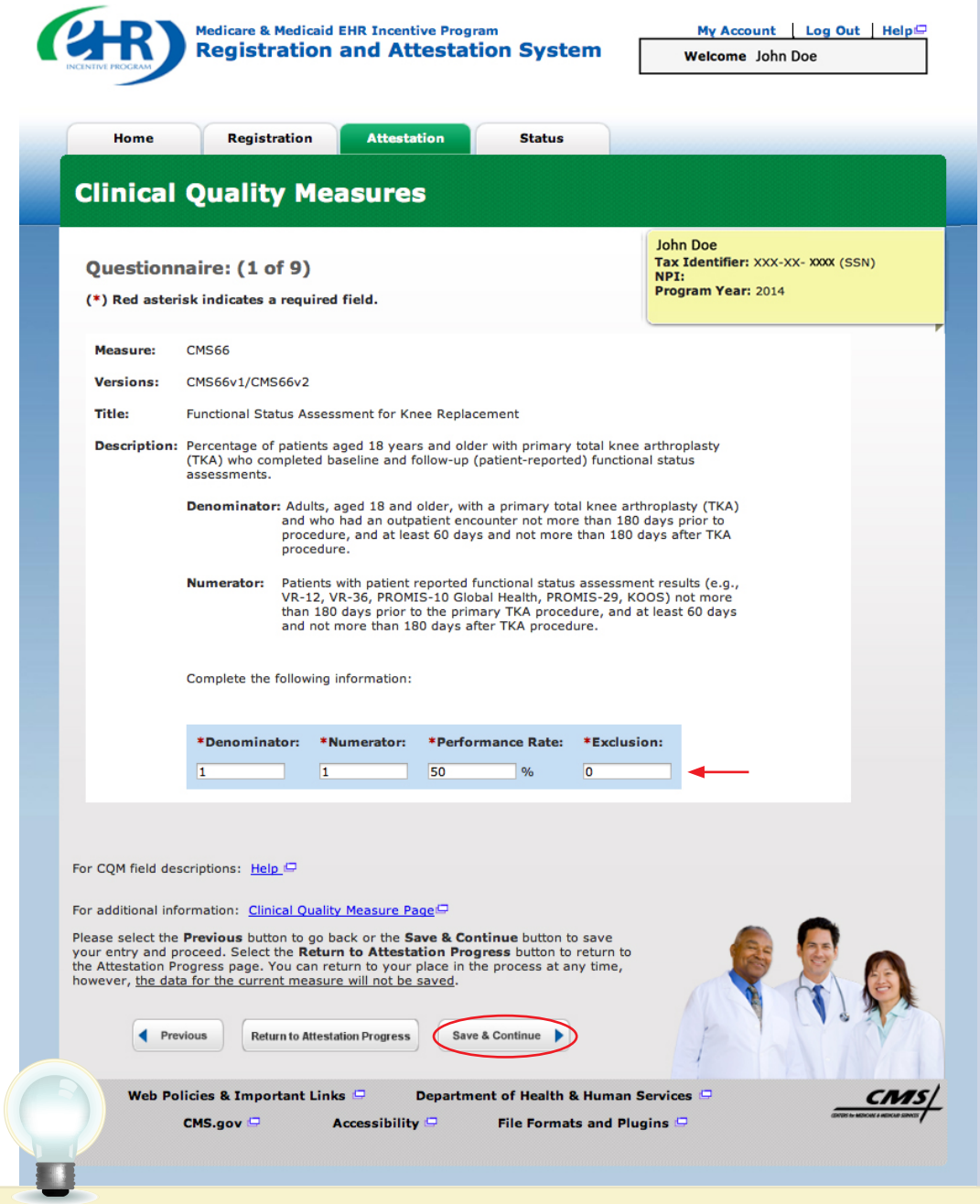
TIPS

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

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*

TIP

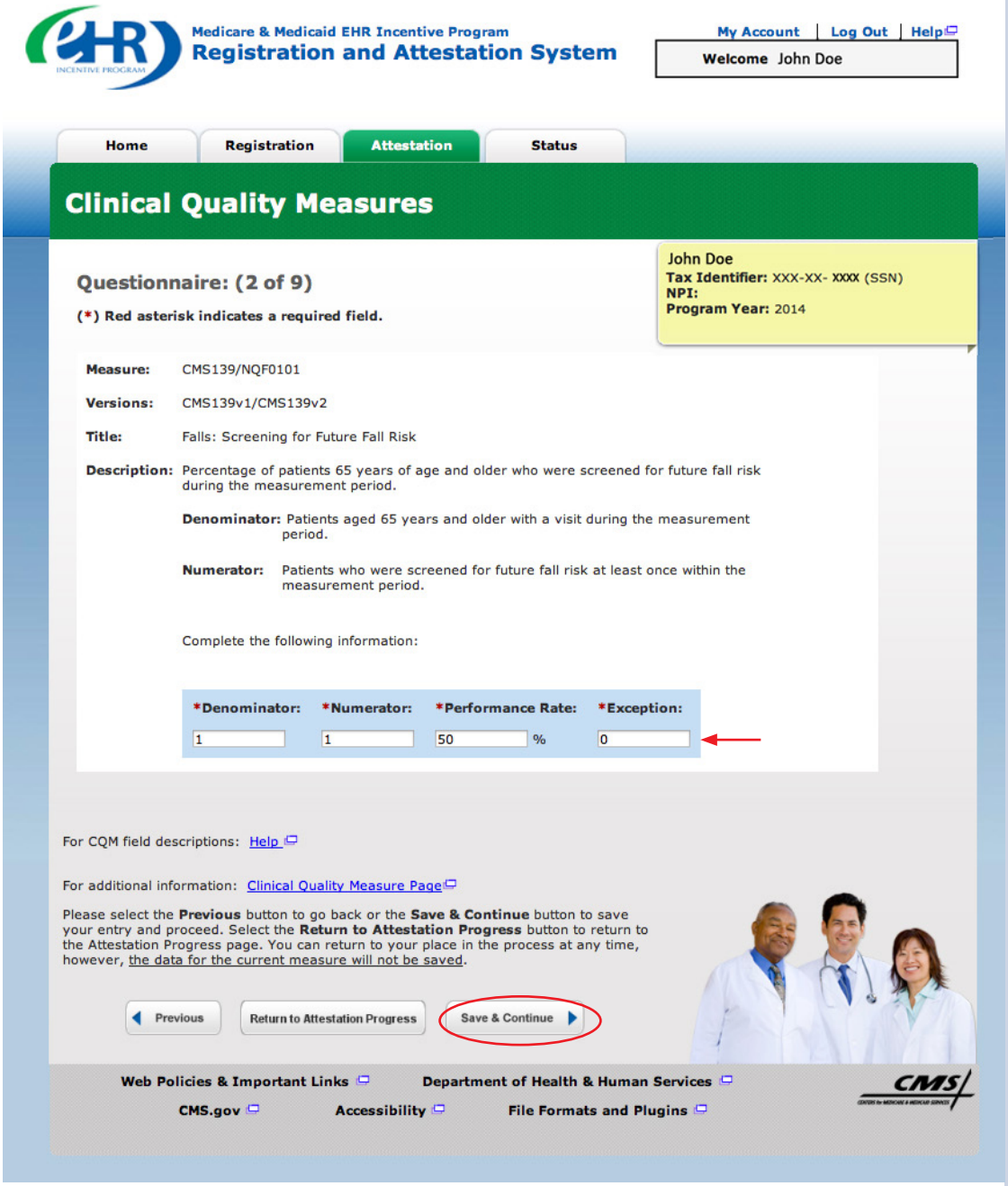
For information on the CQM eReporting, click on the Clinical Quality Measure Specification Page

TOPICS PROGRESS

This is the third of six topics required for attestation

1 2 3 4 5 6

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



STEPS

Enter Clinical Quality Measure 2 of 9.

Enter the Denominator, Numerator, Performance Rates and Exception

Click on *Save & Continue*

TIP

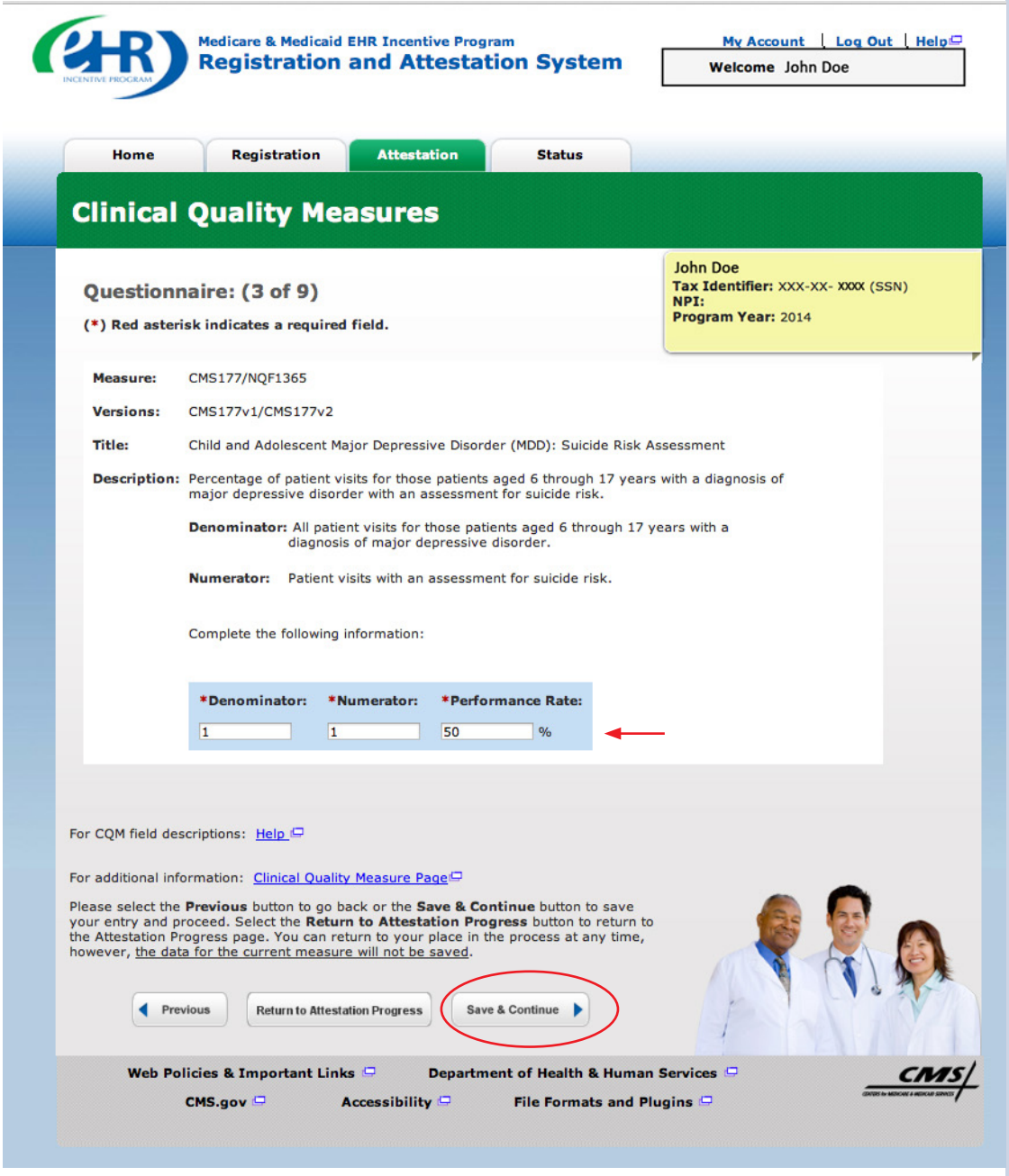
For information on the CQM eReporting, click on the Clinical Quality Measure Specification Page

TOPICS PROGRESS

This is the third of six topics required for attestation

1 2 3 4 5 6

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*

TIP

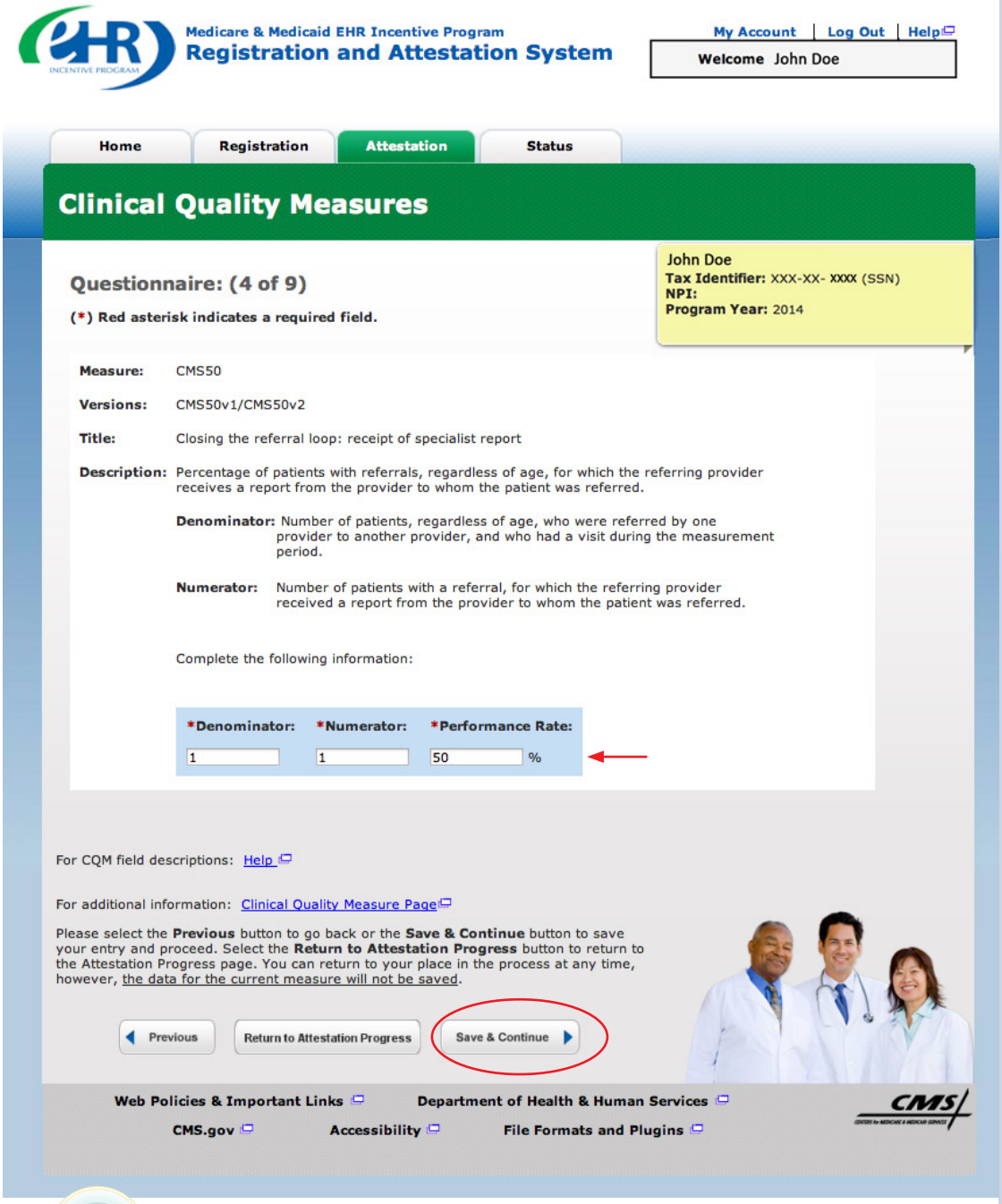
For information on the CQM eReporting, click on the Clinical Quality Measure Specification Page

TOPICS PROGRESS

This is the third of six topics required for attestation

1 2 3 4 5 6

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*

TIP

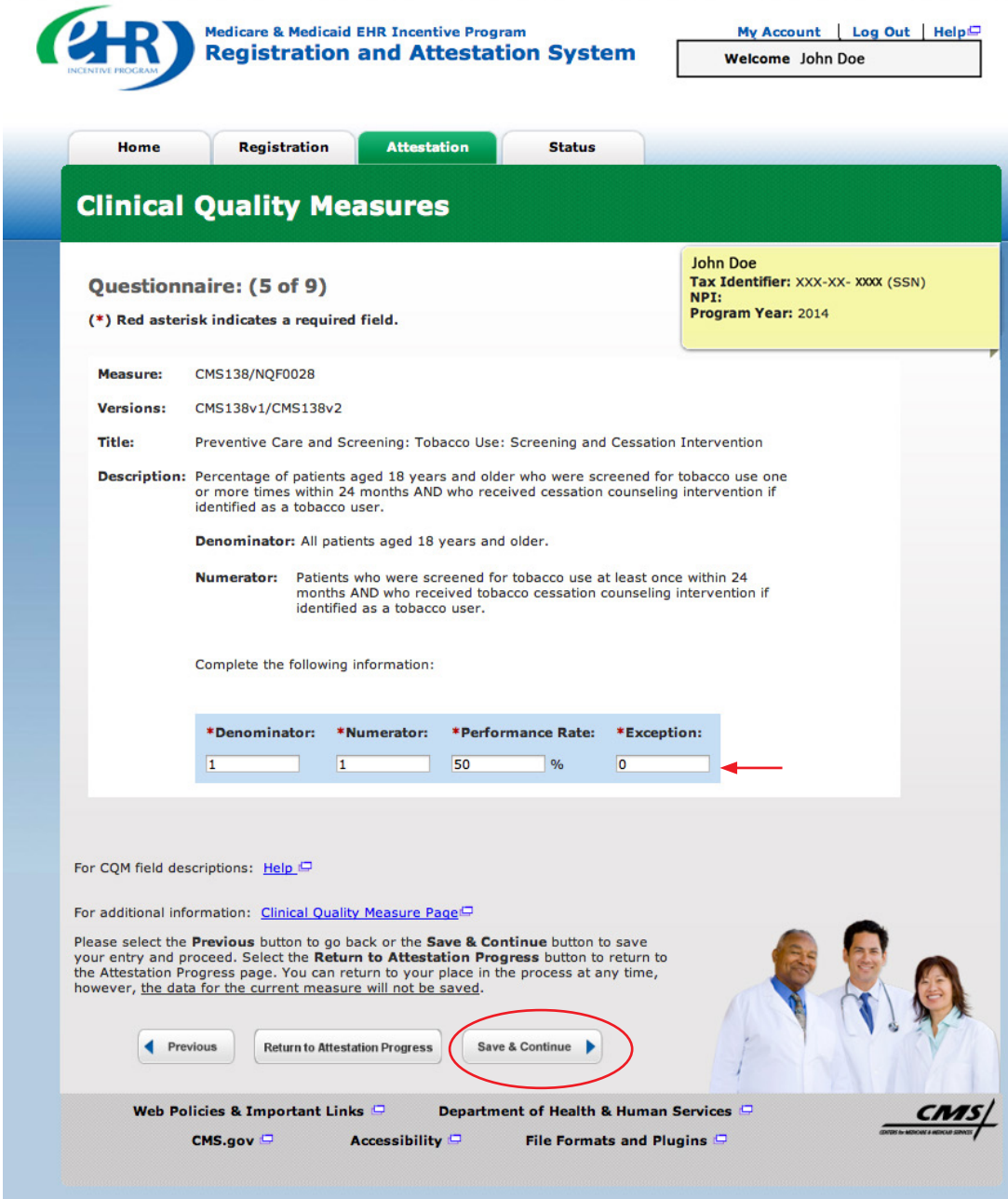
For information on the CQM eReporting, click on the Clinical Quality Measure Specification Page

TOPICS PROGRESS

This is the third of six topics required for attestation

1 2 3 4 5 6

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*

TIP

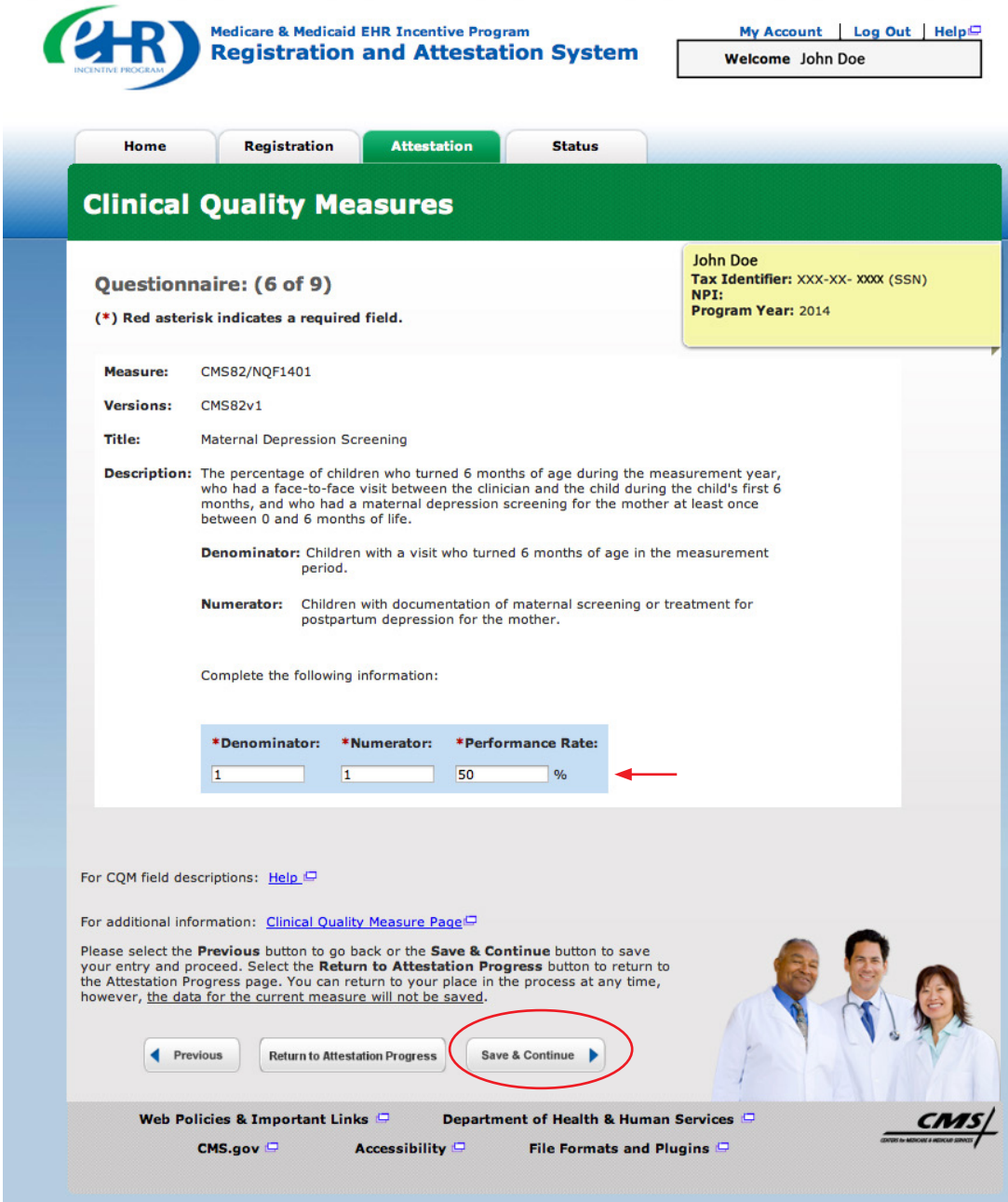
For information on the CQM eReporting, click on the Clinical Quality Measure Specification Page

TOPICS PROGRESS

This is the third of six topics required for attestation

1 2 3 4 5 6

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*

TIP

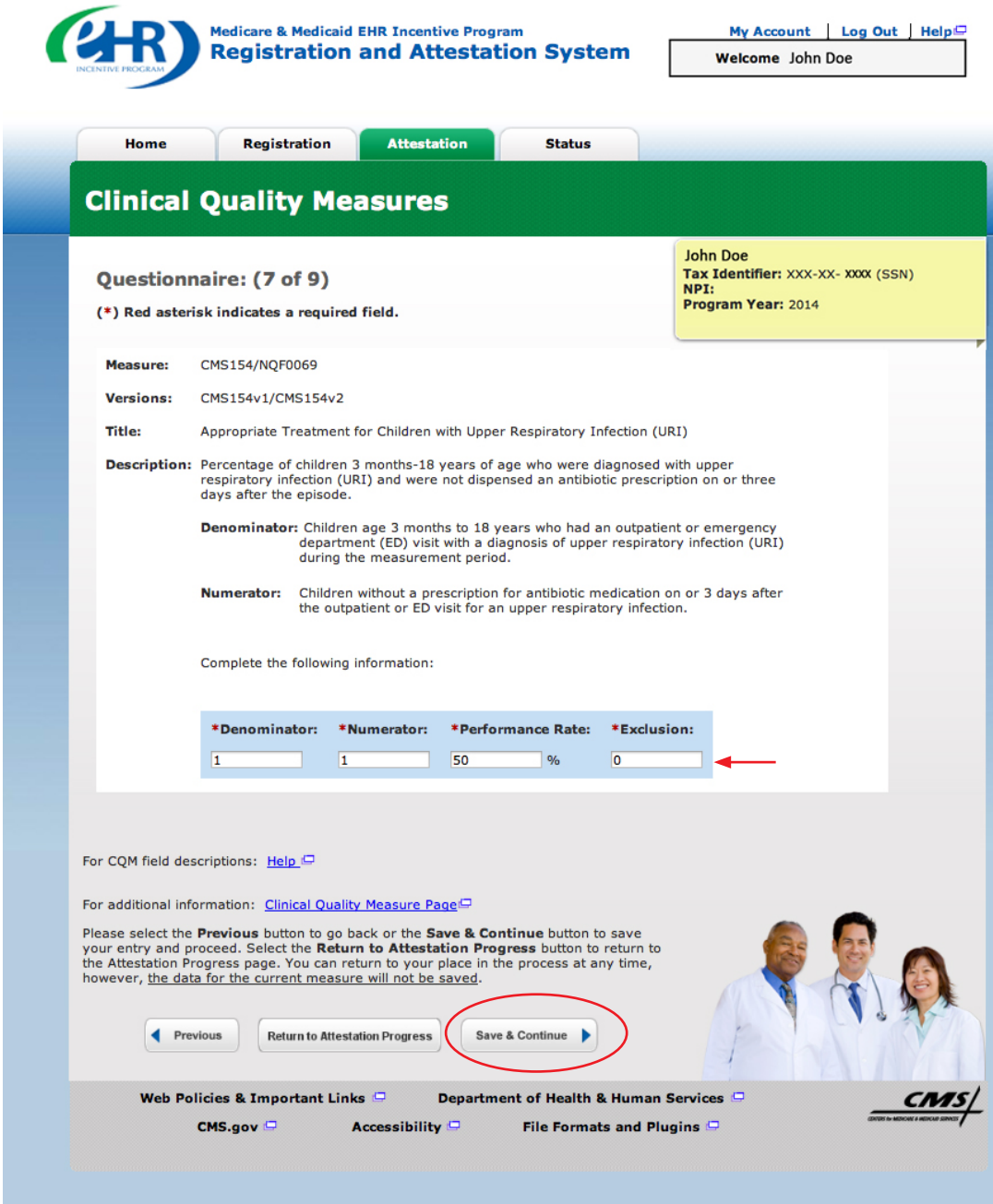
For information on the CQM eReporting, click on the Clinical Quality Measure Specification Page

TOPICS PROGRESS

This is the third of six topics required for attestation

1 2 3 4 5 6

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



STEPS

Enter Clinical Quality Measure 7 of 9.

Enter the Denominator, Numerator, Performance Rates and Exclusion

Click on *Save & Continue*

TIP

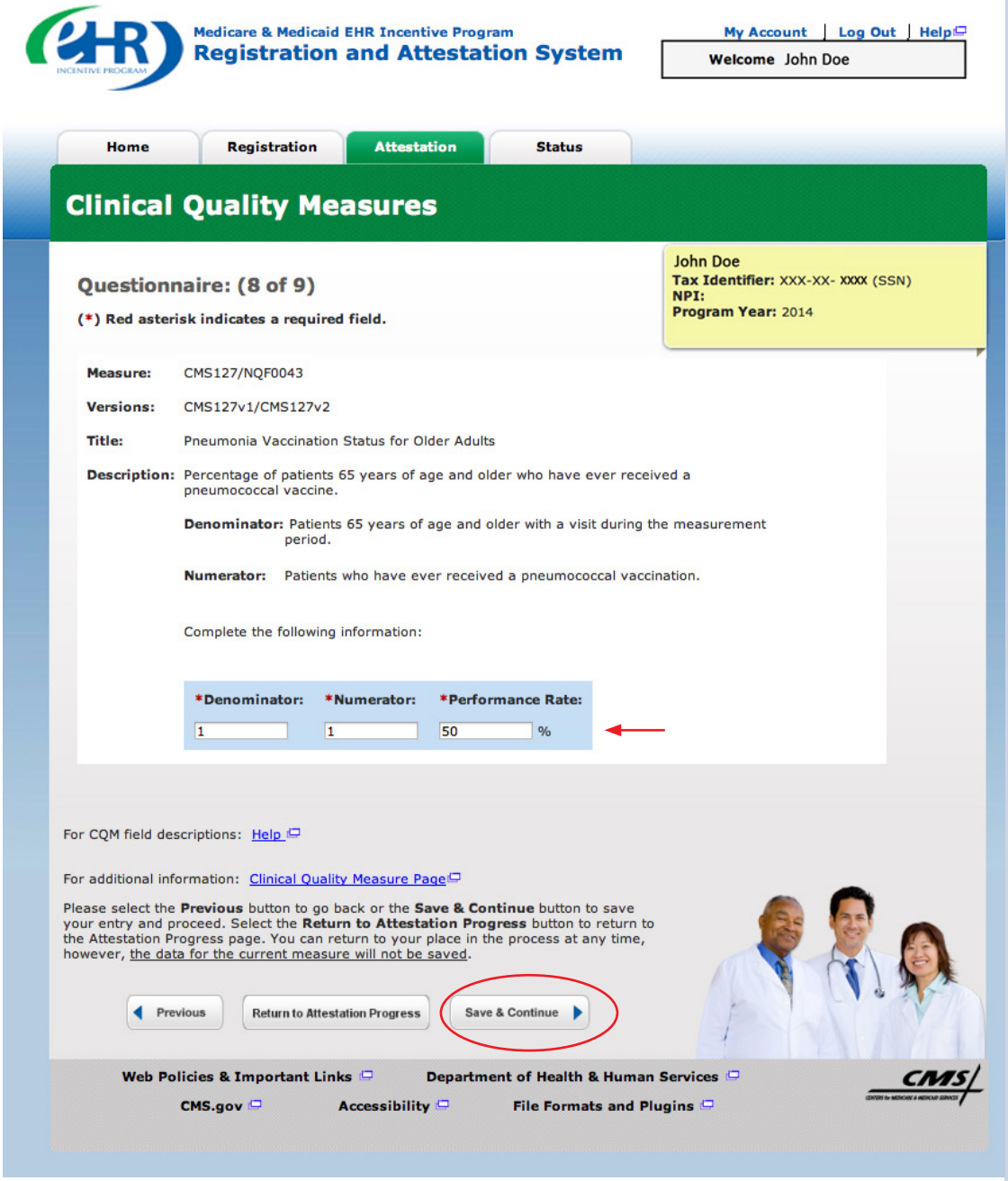
For information on the CQM eReporting, click on the Clinical Quality Measure Specification Page

TOPICS PROGRESS

This is the third of six topics required for attestation

1 2 3 4 5 6

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



STEPS

Enter Clinical Quality Measure 8 of 9.

Enter the Denominator, Numerator and Performance Rates

Click on *Save & Continue*

TIP

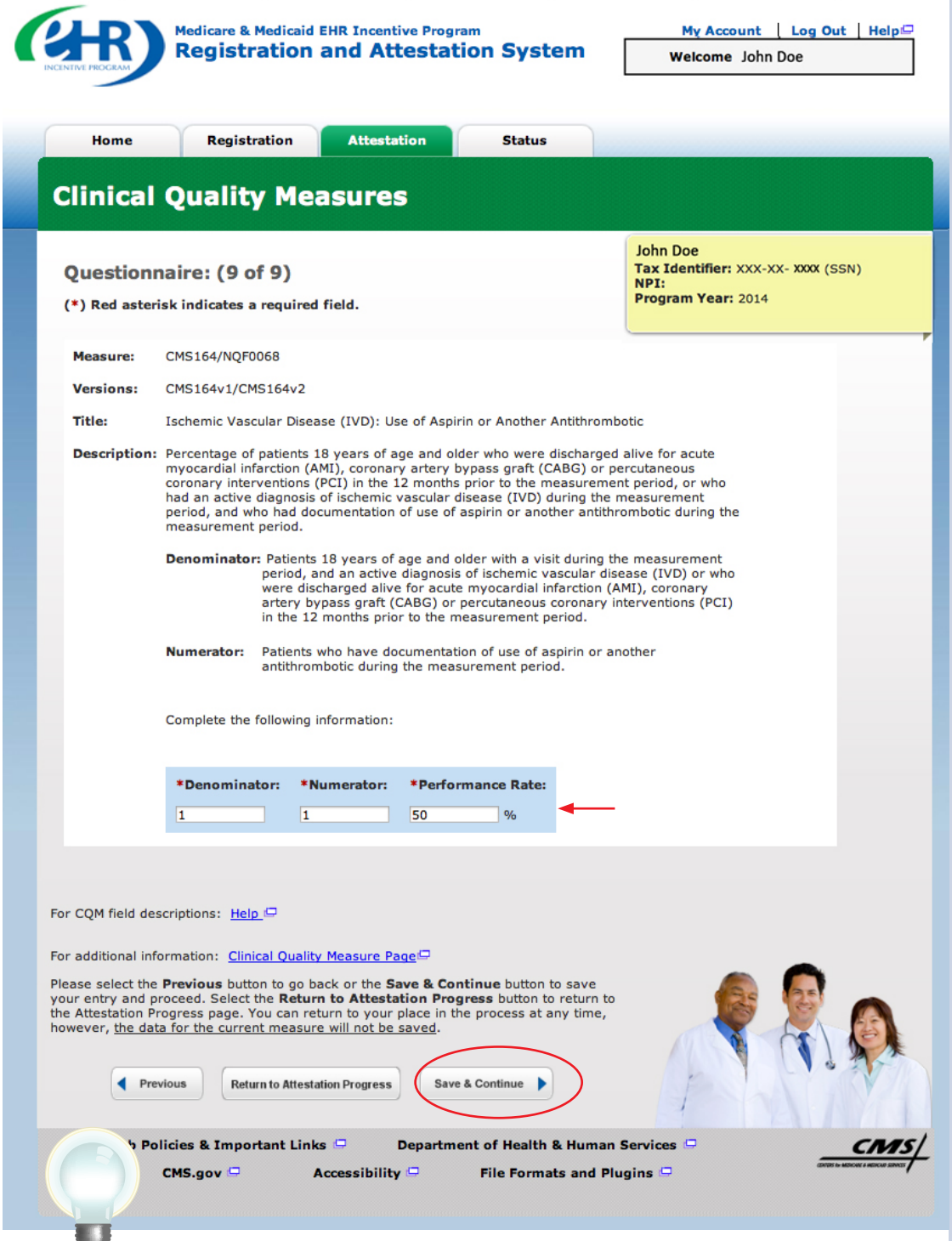
For information on the CQM eReporting, click on the Clinical Quality Measure Specification Page

TOPICS PROGRESS

This is the third of six topics required for attestation

1 2 3 4 5 6

Step 41 – 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*

TIP

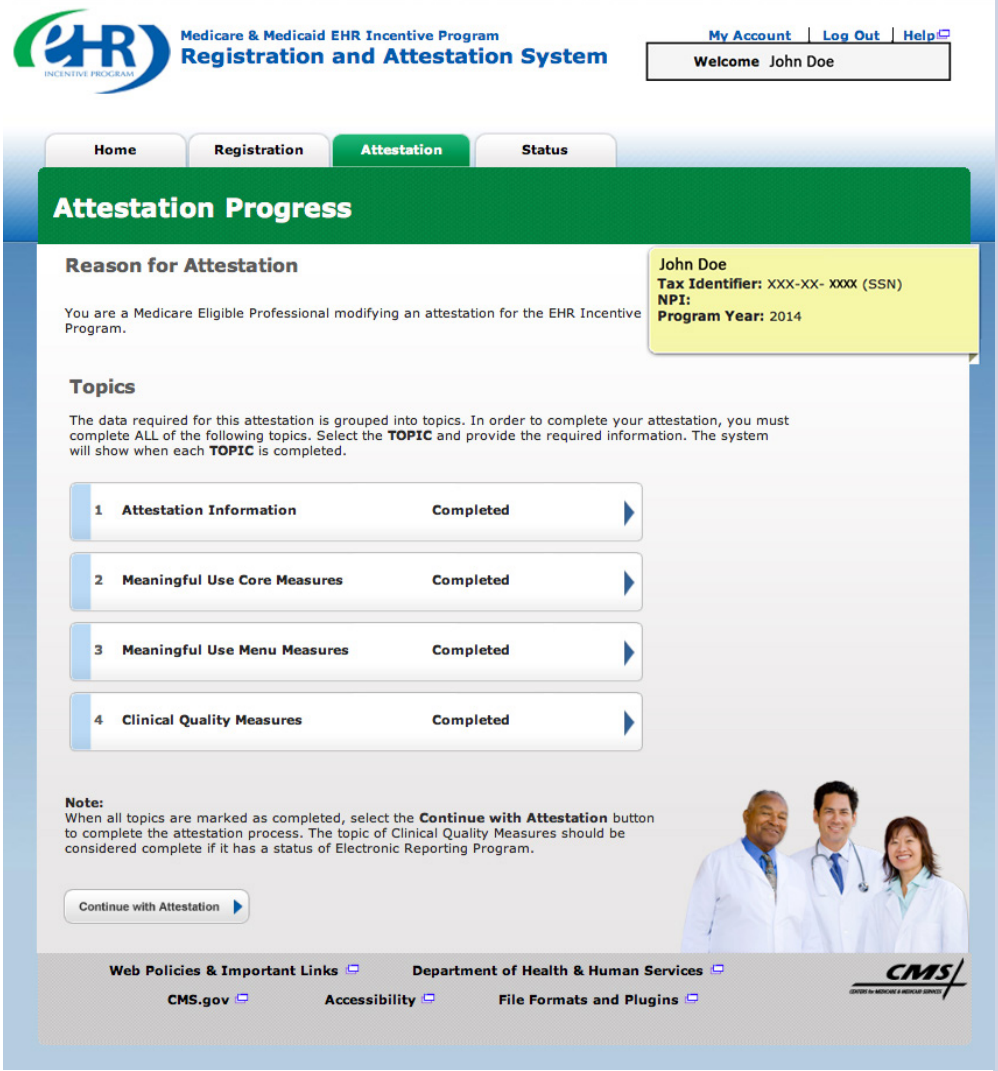
For information on the CQM eReporting, click on the Clinical Quality Measure Specification Page

TOPICS PROGRESS

This is the third of six topics required for attestation

1 2 3 4 5 6

Step 42 - Topics for this Attestation



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

STEPS

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

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

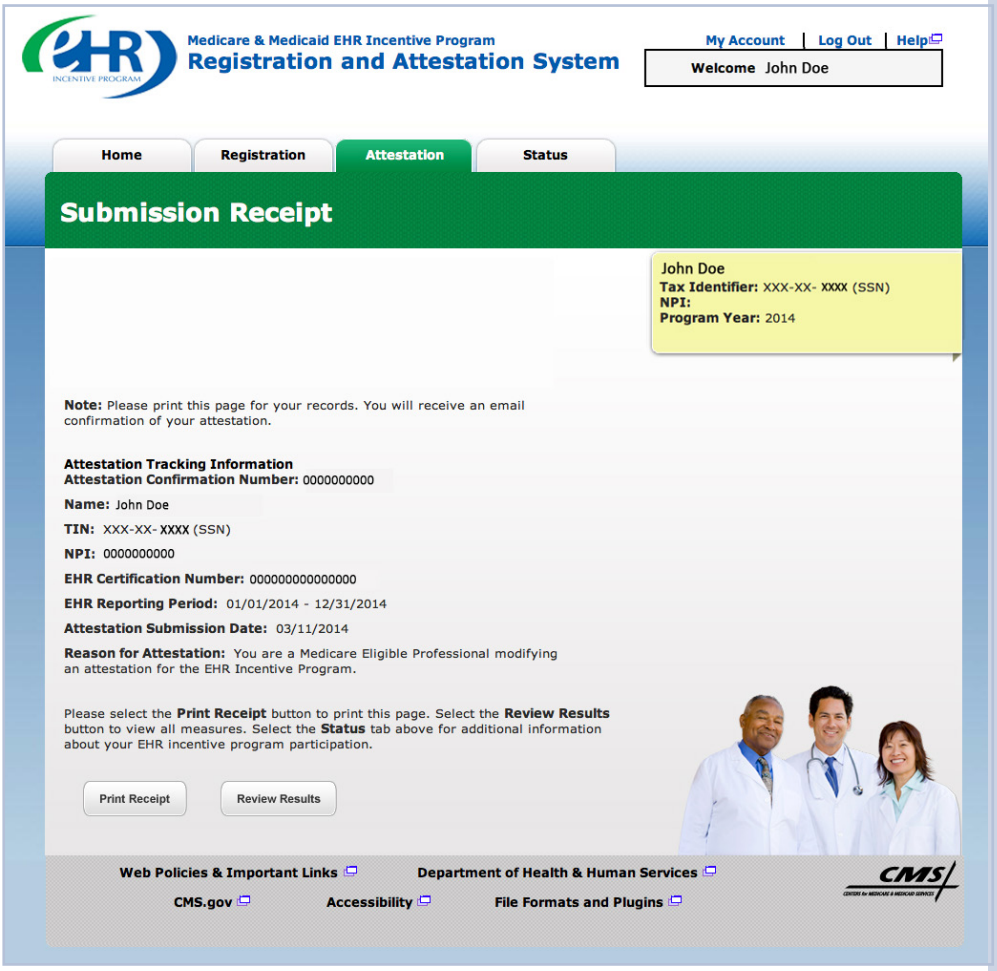
If *Agree* is chosen and you have met all meaningful use objectives and measures you will receive the "Accepted Attestation" submission receipt

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)



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

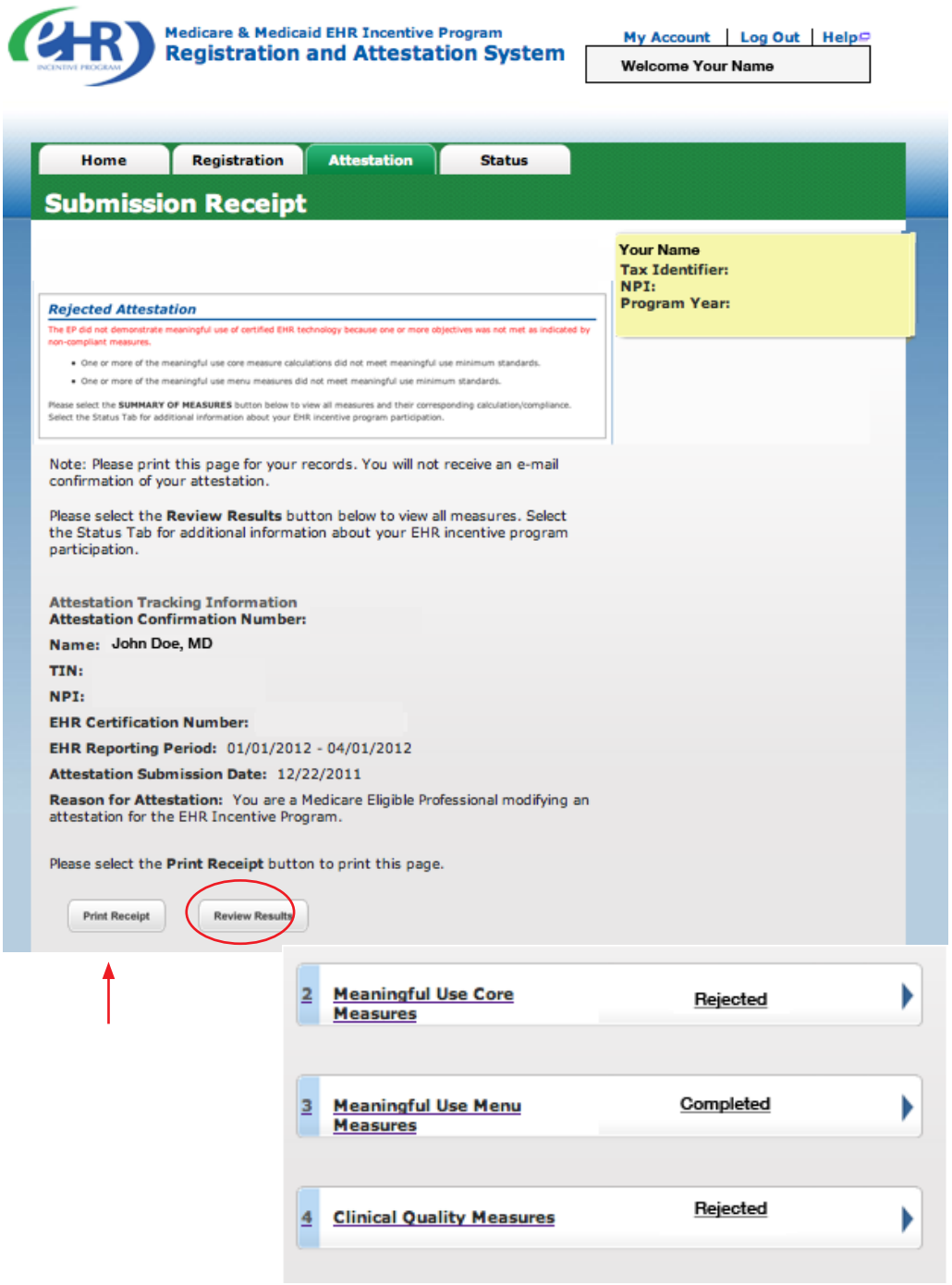
TIPS

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)



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

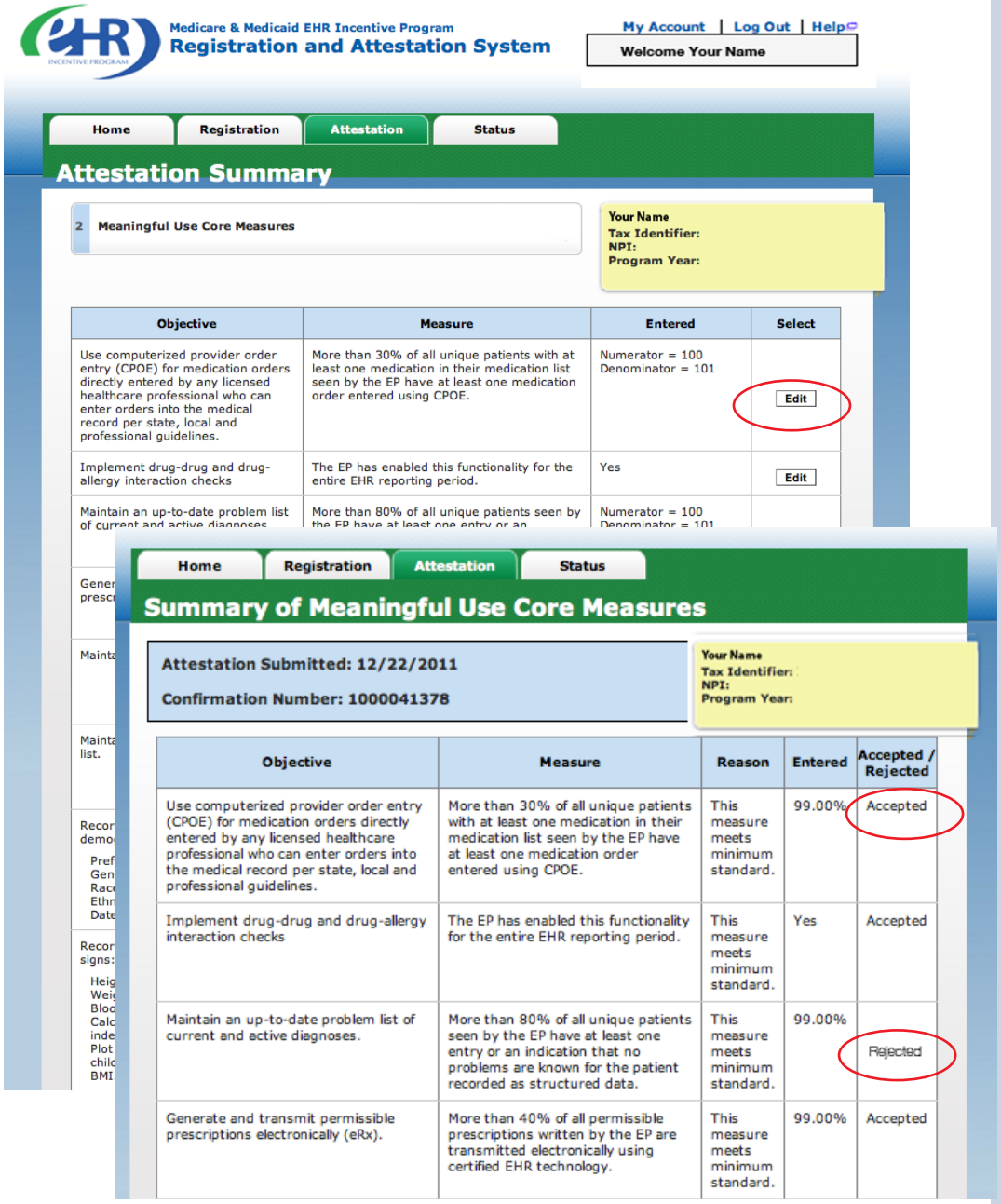
Choose the appropriate measure link from the summary of measures list

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*

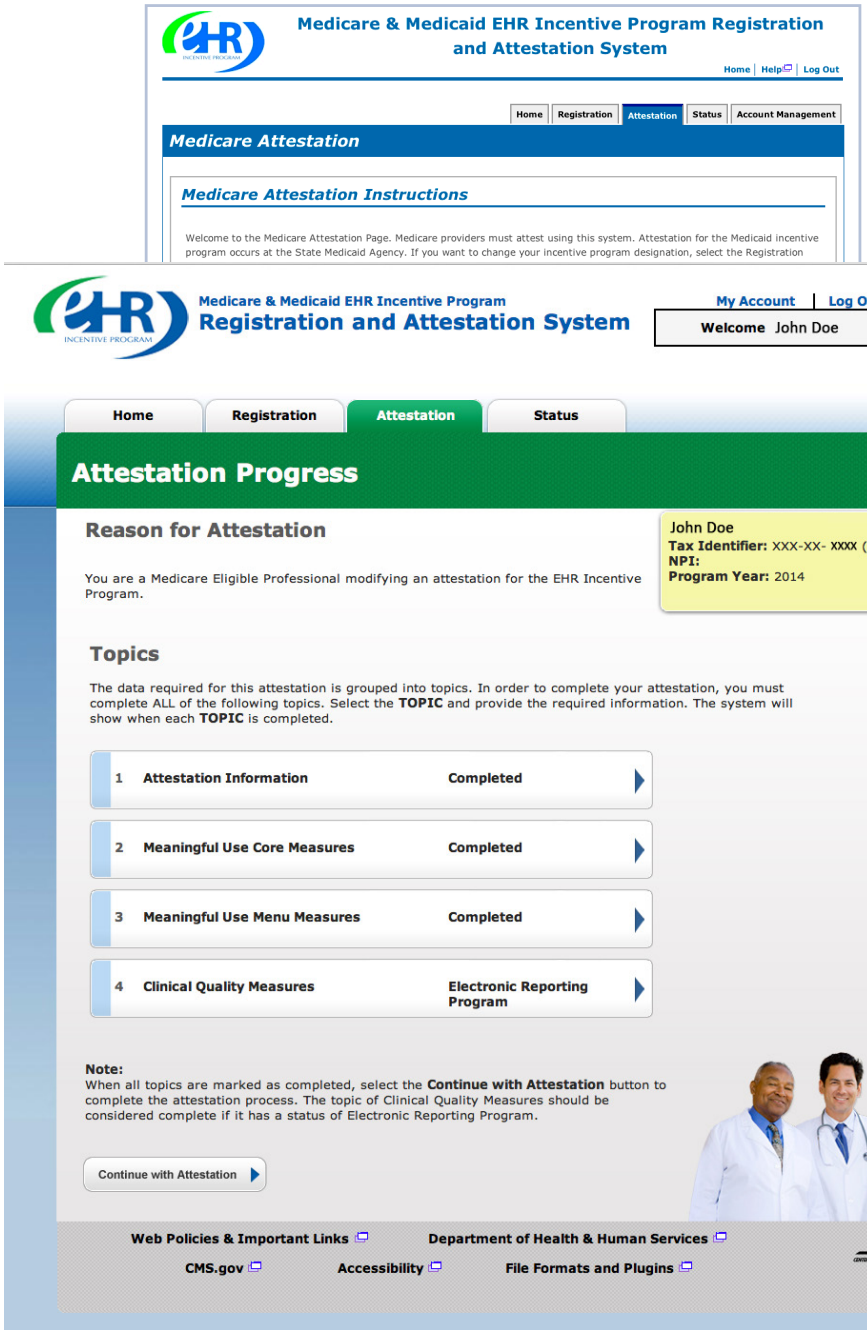
Review each measure for the Accepted/ Rejected status

Click *Next Topic* to continue with the Menu measures

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.

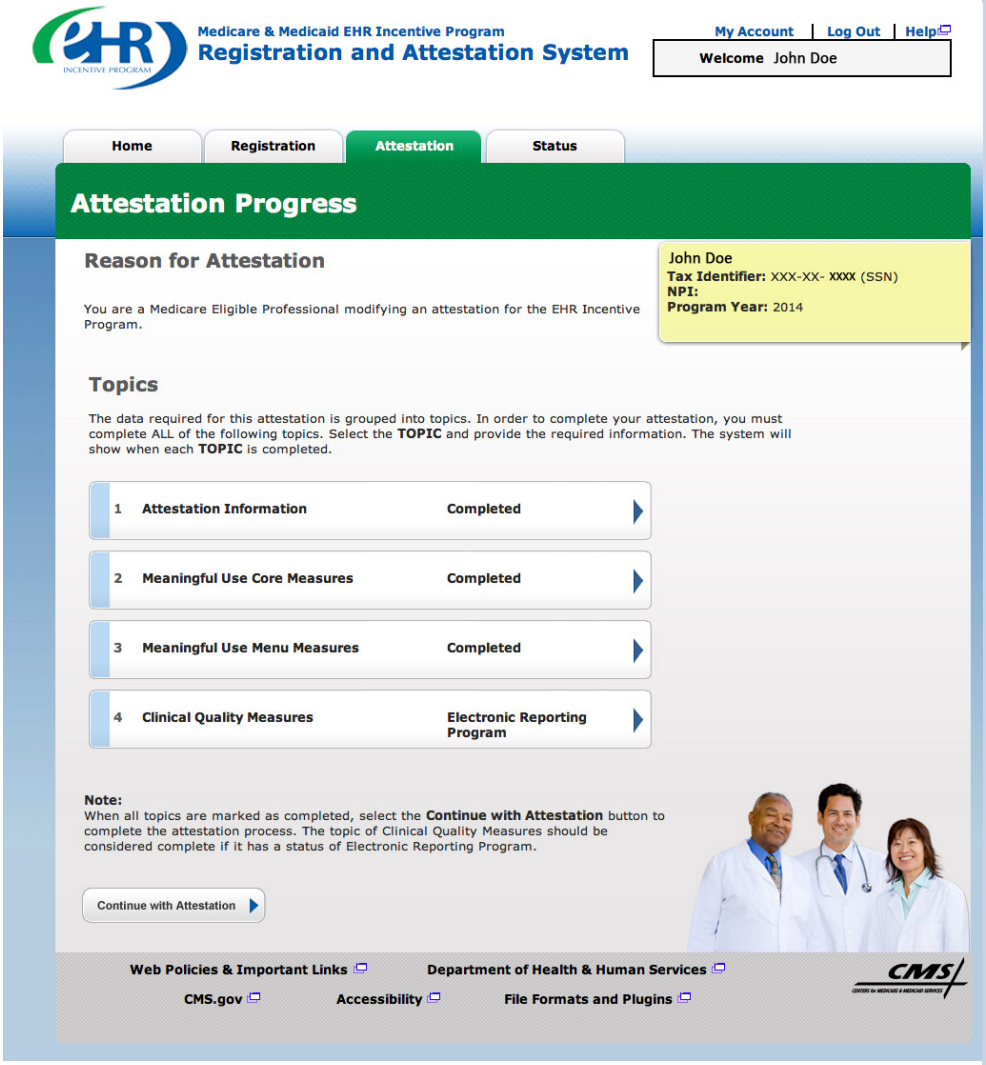
To attest for the Medicare EHR Incentive Program in subsequent years, you will need to have met meaningful use for a full year. Please note the reporting period for eligible professionals must fall within the calendar year.

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



STEPS

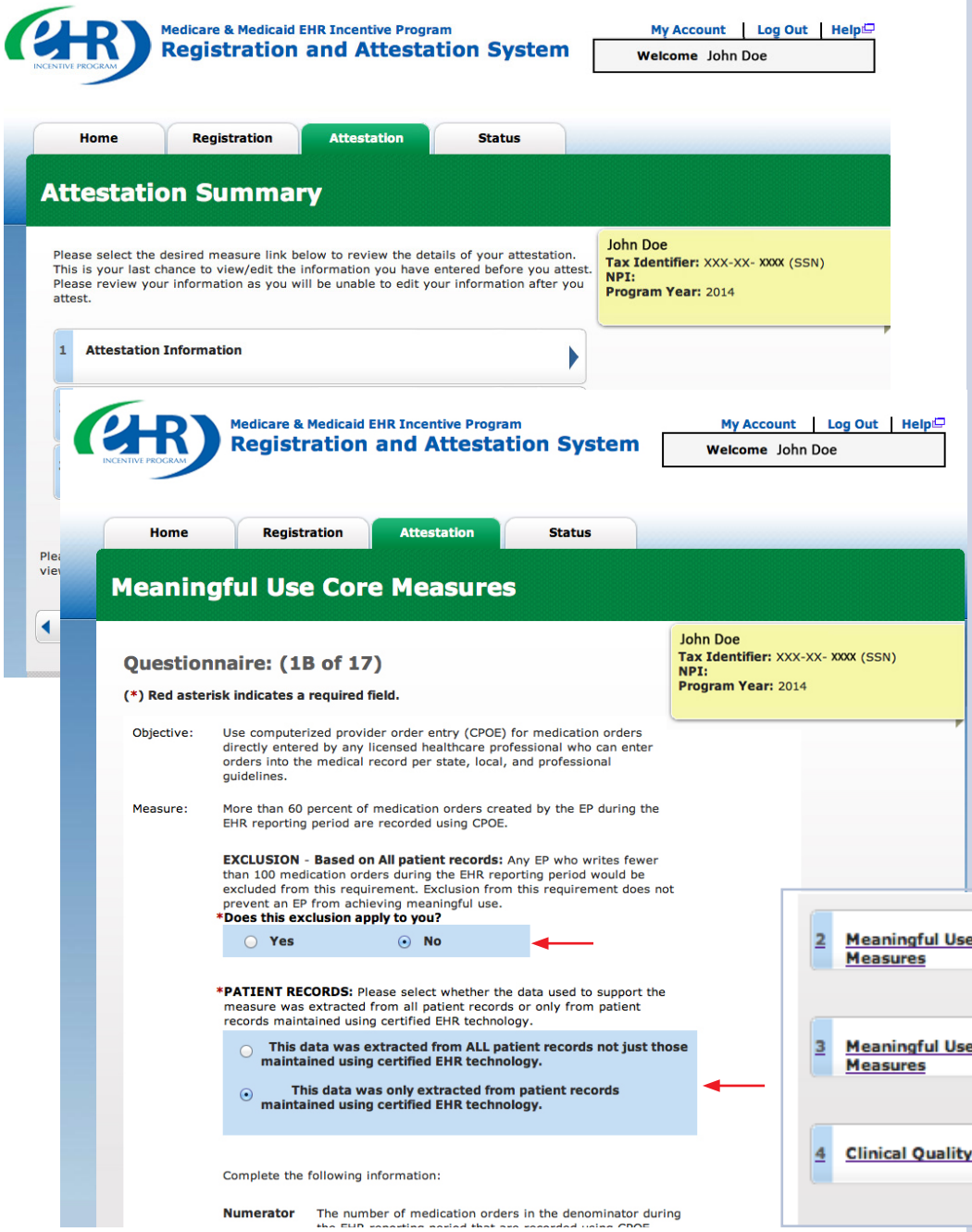
Click on each of the links in the Summary of Measures to view the details of the list tables of the Core Measures, Menu Measures and Clinical Quality Measures

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.)



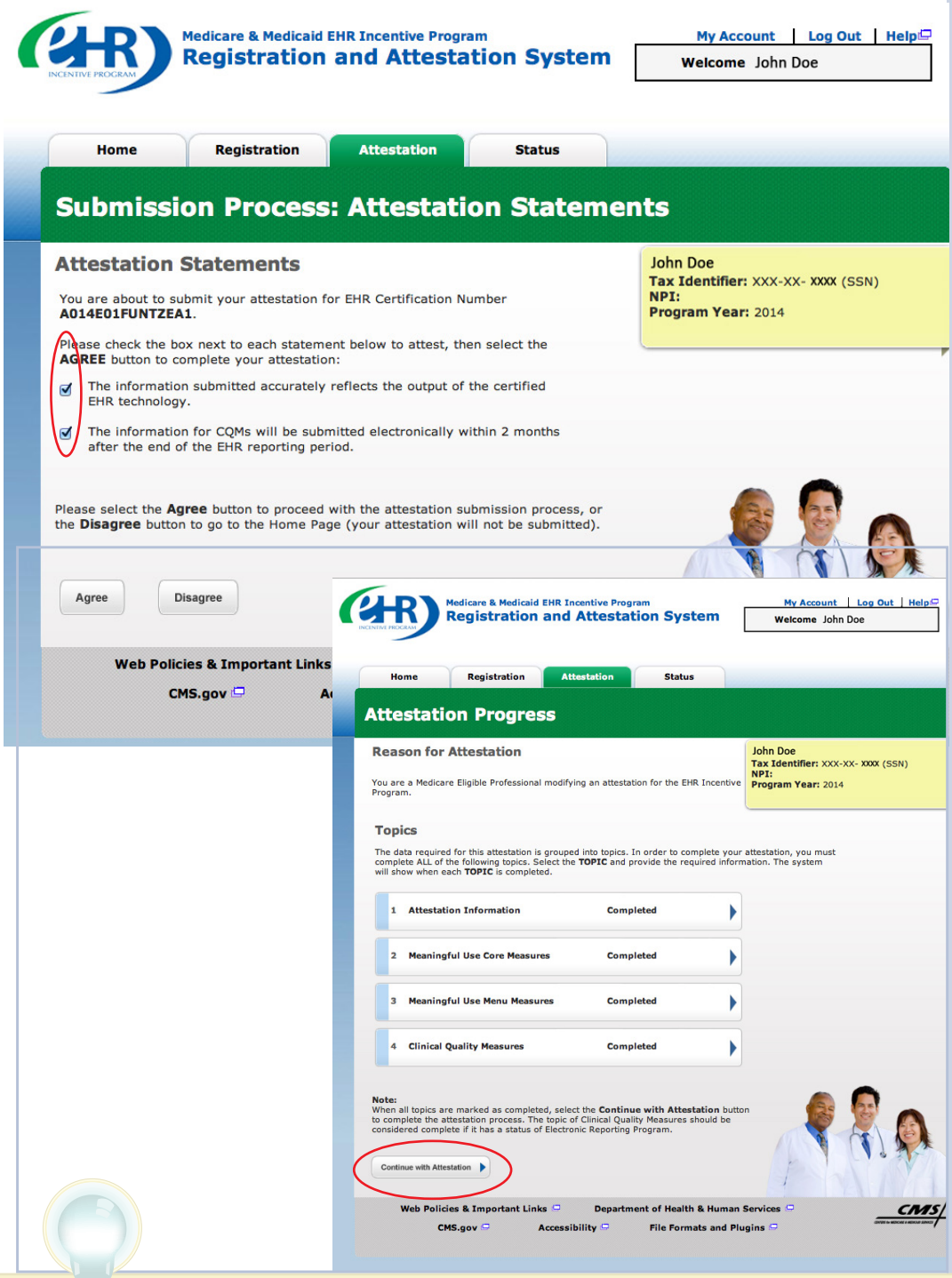
STEPS

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

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

STEPS

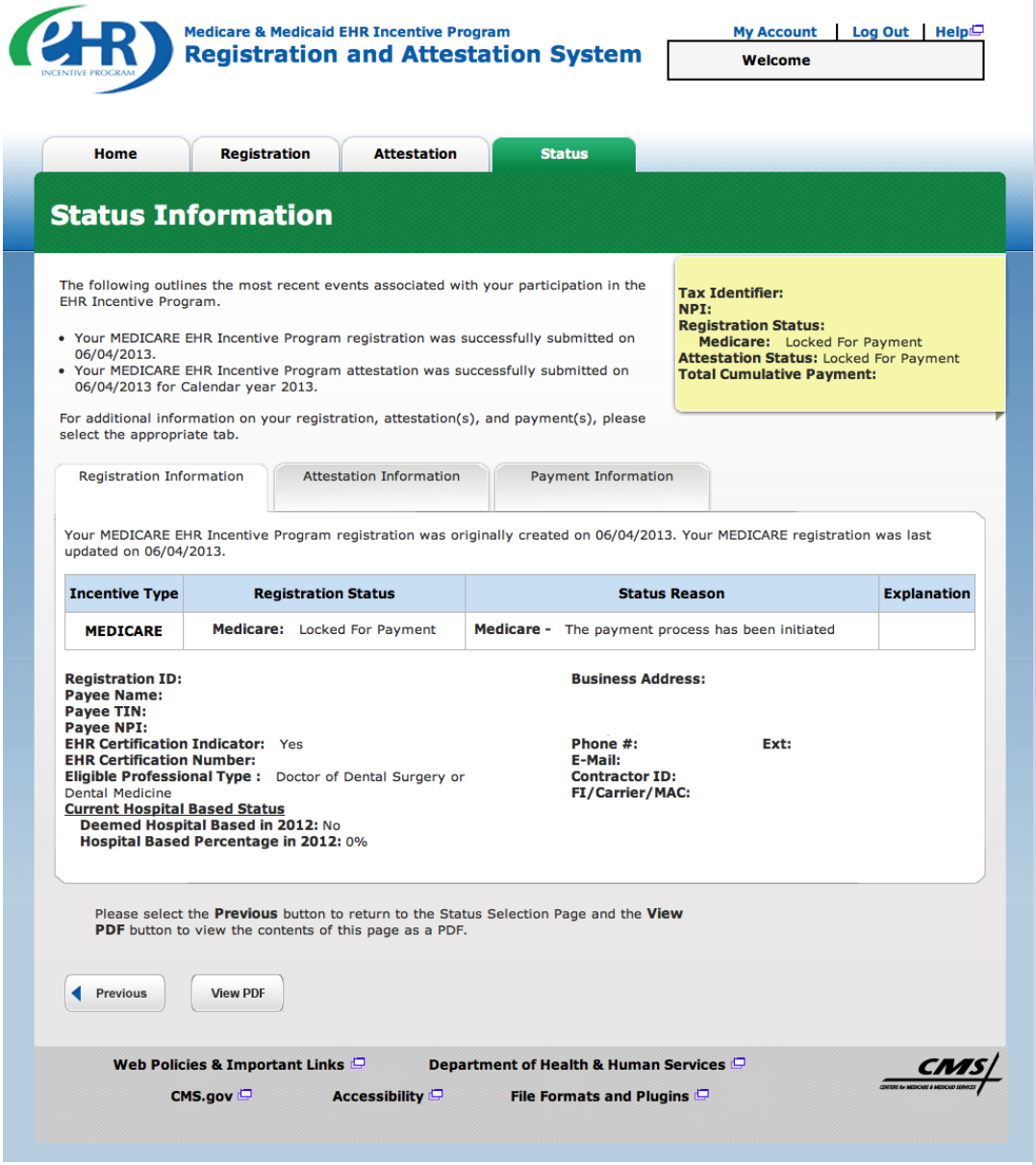
Read the Attestation Disclaimer and Click on *Agree* or *Disagree*

Click *Attest*

TIP

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

Step 51 – Review Status Information



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: EUSSupport@cgi.com

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

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

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

ACRONYMS

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

Act Now for CMS
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NOTES:

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