



# ATTESTATION USER GUIDE

For Eligible Professionals

## Medicare Electronic Health Record (EHR) Incentive Program



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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.

## Step I – Getting Started

To receive an incentive payment, Medicare Eligible Professionals (EPs) must attest 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. 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.



### 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

## 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

## 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

Previous Continue

Web Policies & Important Links

[CMS.gov](#)

Department of Health & Human Services

[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



### Login Instructions

#### Eligible Professionals (EPs)

- If you are an EP, you must have an active National Provider Identifier (NPI) and have a National Plan and Provider Enumeration System (NPPES) web user account. Use your NPPES user ID and password to log into this system.
- If you are an EP who does not have an NPI and/or an NPPES web user account, navigate to [NPPES](#) to apply for an NPI and/or create an NPPES web user account.

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

#### Eligible Hospitals

- If you are an Eligible Hospital, you must have an active NPI. If you do not have an NPI, apply for an NPI in [NPPES](#).

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

#### Associated with both Eligible Professionals (EPs) and Eligible Hospitals

- If you are an EP using your NPPES web user account, you may also be permitted to work on behalf of a hospital. Navigate to the I&A System and use your NPPES User ID and password to request to work on behalf of an organization.

- Users working on behalf of an Eligible Professional(s) may also work on behalf of an Eligible Hospital(s). An Identity and Access Management system (I&A) web user account (User ID/Password) can be associated to both an Eligible Professional NPI and an organization NPI. If you do not have an I&A web user account, [Create a Login](#) in the I&A System.

#### Account Management

- If you are an existing user and need to reset your password, visit the [I&A System](#).

- If you are having issues with your User ID/Password and are unable to log in, please contact the EHR Incentive Program Information Center at 888-734-6433 / TTY: 888-734-6563.

(\*) Red asterisk indicates a required field.

\*User ID:

\*Password:

Log In

Cancel

- View our [checklist of required materials](#) here.

Web Policies & Important Links

CMS.gov

Accessi

### Identity and Access Management (I&A)

You will be navigated to the I&A system, which will allow you to create a User ID/password, establish a user profile, and request access to organization(s) for the EHR Incentive Program System.

If you select "Yes", you will be directed to the I&A system and will be required to log in again.

YES

NO

## 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 13 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

Application and Security Check Page prompts the user to answer 2 security questions

**Application Security Check**

\* Indicates Required Field

This security check is used to prevent the creation of fictitious accounts. Please provide answers to the 2 security questions listed below.

Questions	Answers
* What is 1 + 1?	<input type="text"/>
* What direction is the South Pole?	<input type="text"/>

**I&A - Create User ID and Password**

\* Indicates Required Field

Please create a User ID and password for accessing I&A and the systems that use I&A.  
Creating an organization user account does not represent applying for an API.

\* User ID:

Note: Personal information, such as a Social Security Number, should not be used as the User ID. The User ID can contain a maximum of four digits. Please note: The User ID cannot be changed.

\* Password:

\* Retype Password:

Note: Password must be 8-12 characters long, contain at least one letter, one number, no special characters, and not be the same as the User ID.

\* Select Secret Question 1:

\* Answer 1:

\* Select Secret Question 2:

\* Answer 2:

\* Select Secret Question 3:

\* Answer 3:

\* Select Secret Question 4:

\* Answer 4:

\* Select Secret Question 5:

\* Answer 5:

**I&A - User Profile**

\* Indicates Required Field

Note: All notifications will be sent to the e-mail provided on this page.

**User Profile Information:**

Prefix:  \* First Name:  Middle:  \* Last Name:  Suffix:

Credential(s): (M.D., D.O, etc.):

\* Date of Birth: (MM/DD/YYYY)  \* Social Security Number: (Without Dashes)

\* E-mail Address:  \* Retype E-mail Address:

**I&A - Employer Information**

\* Indicates Required Field

Note: Please use the Previous and Next buttons to navigate between the pages in the application.

Please enter your employer's information below. If your employer works on behalf of a provider/supplier organization, information for those provider/supplier organizations will be collected separately.

**Provide Your Employer's EIN And Employer Legal Business Name/Legal Name**

\* Employer EIN:

\* Employer Legal Business Name/Legal Name:

**Employer's Mailing Address Information**

\* Address Line 1: (Street Number and Name)

Address Line 2: (e.g. Suite Number)

\* City:  \* State:  \* ZIP + 4:

Country:

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



## TIPS

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

User IDs cannot be changed. Once you have successfully created a User ID and Secret Question/Answer combinations and submitted the record, the User ID and Secret Question/Answer combinations will remain tied to your record and will not be changed

User name and password are case sensitive

## Step 2 – Login (Continued)

### Working on Behalf of an Eligible Professional

**Application Sections**

- > User Profile
- > Employer Information
- > **Access Requests**

**I&A - My Access Requests**

\* At least one organization is required

**Note:** Please use the Previous button to navigate between the pages in the application.

**Note:** App Type Legend: P=PECOS - Medicare Provider Enrollment; E=EHR Incentive Program

Use the button below to add the NPIs you wish to access:

Use the buttons below to select and remove NPIs before they are submitted for processing:

**Provider/Supplier Organization**

(navigate to [Individual Provider Access Requests](#))

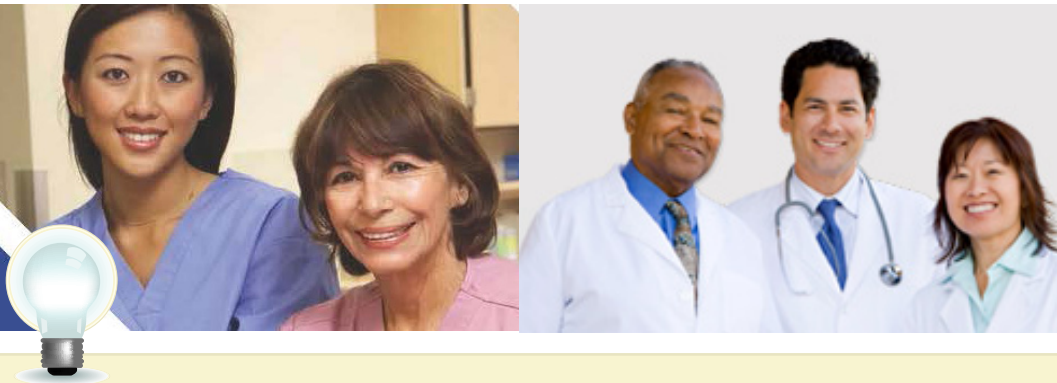
App Type	Are you the Authorized Official?	Tracking ID	Organization EIN	Organization Name (LBN)	Organization NPI	Organization Practice Location	Authorized Official	Authorized Official Phone Number	Status
Individual Provider									
(navigate to <a href="#">Provider/Supplier Organization Access Requests</a> )									
App Type	Tracking ID	Provider Last Name	Provider First Name	Provider NPI	Provider Practice Location	Provider Phone Number	Status		

## STEPS

Click on Access Requests

Click Add Access Request

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

Click on “You are requesting to act on behalf of an individual provider”

Click **Next**  
Select Application Type

“EHR Incentive Program”

Click **Next**

**I&A - Select Request Type**

\* Indicates Required Field

**Note:** Please use the Previous and Next buttons to navigate between the pages in the application.

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

- ☐ You are the Authorized Official of the provider/supplier organization.  
(The Authorized Official is responsible for managing users for the provider/supplier organization)
- ☐ You are an end user of the provider/supplier organization
- ☐ You are requesting to act on behalf of an individual provider.

< Previous    Next >

**I&A - Select Application Type**

\* Indicates Required Field

**Note:** Please use the Previous and Next buttons to navigate between the pages in the application.

\* Select Application Type

EHR Incentive Program

< Previous    Next >



## 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

Help | Log

**Application Sections**

- > User Profile
- > Employer Information
- > **Access Requests**

**I&A - Individual Provider NPI**

\* Indicates Required Field

**Note:** Please use the Previous button to navigate between the pages in the application.

\* Please provide the individual provider's NPI: 1234567890

**The following provider information was found:**

NPI:	1234567890
Provider First name:	John
Provider Last Name:	Doe
Street:	123 Any Street
City:	Anywhere
State/Foreign Province:	MD
ZIP:	21136

## STEPS

Enter the NPI of the individual provider

Click **Search** to display the details of the individual provider

Click **Save** to navigate to the "My Access Requests Page"

Or

Click **Save & Add Another** to add multiple providers



### TIPS

Clicking Previous will take you back to the 'Select Application Type' page

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

**Application Sections**

- > User Profile
- > Employer Information
- > **Access Requests**

**I&A - My Access Requests**

\* At least one organization is required

**Note:** Please use the Previous button to navigate between the pages in the application.

**Note:** App Type Legend: P=PECOS - Medicare Provider Enrollment; E=EHR Incentive Program

Use the button below to add the NPIs you wish to access:

Use the buttons below to select and remove NPIs before they are submitted for processing:

**Provider/Supplier Organization**

(navigate to [Individual Provider Access Requests](#))

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

**Individual Provider**

(navigate to Provider/Supplier [Organization Access Requests](#))

App Type	Tracking ID	Provider Last Name	Provider First Name	Provider NPI	Provider Practice Location	Provider Phone Number	Status
<input type="checkbox"/>	E	Doe	John	1234567890	123 Any Street Anywhere, MD 21136	4445551212	

## STEPS

Choose the Individual Provider(s) to add the NPIs you wish to access

You may choose one at a time or click Select All

Use the **Add Access Button** to add the NPIs you wish to access

Click **Submit**



### TIPS


Clicking Previous will take you back to the "Select Application Type" page

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

 Centers for Medicare & Medicaid Services

[Help](#) | [Logoff](#)

Thank you. Your request will be processed.

Please read the following instructions:

**Applying as an Authorized Official:**

If you are applying as an Authorized Official, a copy of your provider or supplier's organization CP-575 is required. The CP-575 is generated to the organization by the Internal Revenue Service (IRS), and contains the organization's Legal Business Name and Taxpayer Identification Number. If you cannot locate your CP-575, contact the IRS for a copy of your IRS Federal Tax Deposit Coupon, IRS 147C letter, or other official IRS document which verifies the taxpayer identification number and legal business name of your organization. Make a photocopy of the CP-575 or appropriate substitute and write your PECOS I&A Tracking ID at the top of the photocopy. Mail the photocopy of the CP-575 or appropriate substitute (with the Tracking ID written on it) to the CMS External User Services (EUS) Help Desk. Your application will not be processed until the EUS Help Desk receives this paperwork. An e-mail notification will be sent to you once the EUS Help Desk has approved or rejected your request. If you have questions, please contact the EUS Help Desk at the following address and telephone number:

External User Services (EUS) ←  
PO Box 792750  
San Antonio, Texas 78216  
Phone: 1-866-484-8049  
TTY: 1-866-523-4759  
EUSsupport@cgi.com

For questions concerning the Electric Health Record (EHR) Incentive Program, please contact the EHR Incentive Program Information Center (EIPIC) at the following address and telephone number:

EHR Incentive Program Information Center (EIPIC)  
Phone: 1-888-734-6433  
TTY: 1-888-734-6563

**Applying as an Organization end user:**

If you are applying as an organization end user and have questions, please contact your Authorized Official. An e-mail notification will be sent to you once your request has been approved or rejected.

**Applying to act on behalf of an individual provider:**

If you are requesting to act on behalf of an individual provider and have questions, please contact the individual provider or the appropriate help desk using the above contact information. If your request is not approved in a reasonable amount of time, please contact the individual provider.

User Name: John Doe

**Note:** App Type Legend: P=PECOS - Medicare Provider Enrollment; E=EHR Incentive Program

Provider/Supplier Organization				
App Type	Tracking ID	Provider/Supplier Organization EIN	Provider/Supplier Organization Name(LBN)	Organization NPI
Individual Provider				
App Type	Tracking ID	Individual Provider Last Name	Individual Provider First name	NPI
E	S03162011689377	Doe	John	1234567890

Please provide tracking number on all correspondence.

[Return to Home System](#)

## STEPS

Access request receipt

You will receive an email notification that the **External User Services (EUS)** Help Desk has approved your request

Record your tracking number for use on any correspondence

The EP must log into the I&A system and approve your request

Notify the EP that you have requested access

At this time there is not an automated email notification of the I&A system



## TIPS

The EP's user ID and password are the same for the NPPES system

A proxy user may only register and attest for 1,000 eligible professionals

For questions regarding the EHR Incentive Program – EHR Information Center  
1-888-734-6433  
TTY/1-888-734-6563

## Step 3 – Welcome

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

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

Log Out | Help  
Welcome Your Name | My Account

**Home | Registration | Attestation | Status**

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

Last Successful Login: 12/15/2011 | Unsuccessful Login Attempts: 0

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

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

**Instructions**  
Select any topic to continue.

**Registration**

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

**Attestation**

Medicare

- Attest for the Incentive Program
- Continue Incomplete Attestation
- Modify Existing Attestation
- Discontinue Attestation
- Resubmit Failed or Rejected Attestation
- Reactivate Canceled Attestation

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

**Status**

- View current status of your Registration, Attestation, and Payment(s) for the Incentive Program

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 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/EHRIncentivePrograms/30\\_Meaningful\\_Use.asp](https://www.cms.gov/EHRIncentivePrograms/30_Meaningful_Use.asp)



## 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	XXX-XX-6224 (SSN)	0000000000				Attest

## STEPS

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



### TIPS

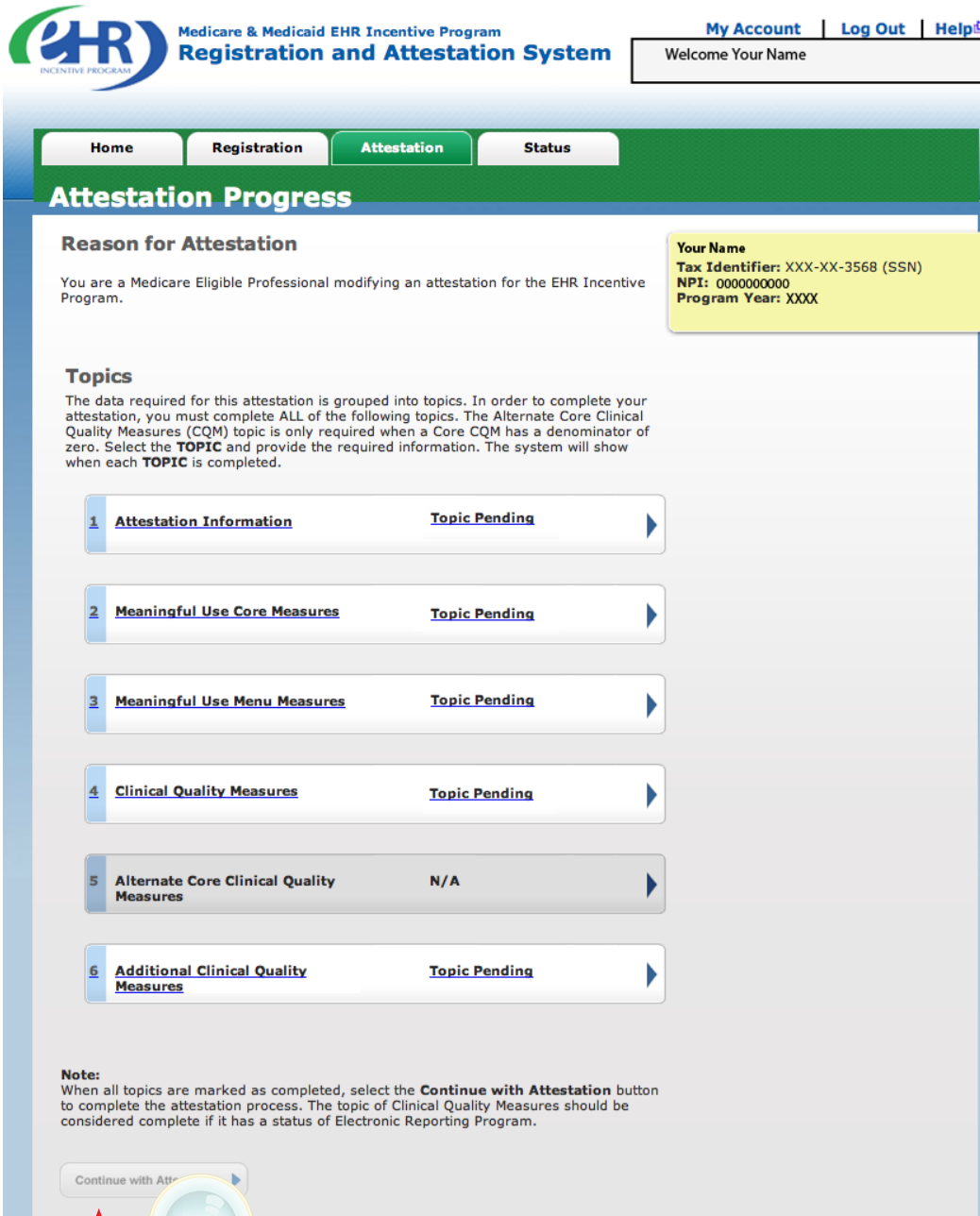
"Resubmit", "Modify", "Cancel" and "Reactivate" are the available Action web links for returning users

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

If the user selects the Action web link of "Register" or "Resubmit" they will be directed to the Topics for Registration screen

## Step 5 – Topics for this Attestation

The data required is grouped into six topics for Attestation.



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

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

Welcome Your Name

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

### Attestation Progress

**Reason for Attestation**

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

**Your Name**  
Tax Identifier: XXX-XX-3568 (SSN)  
NPI: 0000000000  
Program Year: XXXX

**Topics**

The data required for this attestation is grouped into topics. In order to complete your attestation, you must complete ALL of the following topics. The Alternate Core Clinical Quality Measures (CQM) topic is only required when a Core CQM has a denominator of zero. Select the **TOPIC** and provide the required information. The system will show when each **TOPIC** is completed.

1	<a href="#">Attestation Information</a>	<a href="#">Topic Pending</a>	▶
2	<a href="#">Meaningful Use Core Measures</a>	<a href="#">Topic Pending</a>	▶
3	<a href="#">Meaningful Use Menu Measures</a>	<a href="#">Topic Pending</a>	▶
4	<a href="#">Clinical Quality Measures</a>	<a href="#">Topic Pending</a>	▶
5	<a href="#">Alternate Core Clinical Quality Measures</a>	N/A	▶
6	<a href="#">Additional Clinical Quality Measures</a>	<a href="#">Topic Pending</a>	▶

**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

.....

Click on

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



### TIPS

## TOPICS PROGRESS

There are six topics that are required for attestation

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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**

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

### Attestation Information

(\*) Red asterisk indicates a required field.

**Name:** Your Name  
**TIN:** XXX-XX-6224 (SSN)

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

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

Please provide the EHR reporting period associated with this attestation:  
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):**  01/01/2012  
\***EHR Reporting Period End Date (mm/dd/yyyy):**  04/01/2012

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

[Previous](#) | [Save & Continue](#)

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

### Certified Health IT Product List

The Office of the National Coordinator for Health Information Technology | [HealthIT.HHS.Gov](http://HealthIT.HHS.Gov)

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

Please send suggestions and comments regarding the Certified Health IT Product List (CHPL) to [ONC.certification@hhs.gov](mailto:ONC.certification@hhs.gov), with "CHPL" in the subject line.

Vendors or developers with questions about their product's listing should contact the ONC-Authorized Testing and Certification Body (ONC-ATCB) that certified their product.

#### USING THE CHPL WEBSITE

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

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

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

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

#### STEP 1: SELECT YOUR PRACTICE TYPE

[Ambulatory Practice Type](#) | [Inpatient Practice Type](#)

## 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**



## TIPS

The reporting period must be **at least 90 days** in the same calendar 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

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## Step 7 –

### Meaningful Use Core Measures Questionnaire (1 of 15)

Read the objective and measure and respond as appropriate.

The screenshot shows the 'Attestation' tab of the 'Meaningful Use Core Measures' questionnaire. The 'Questionnaire: (1 of 15)' section includes an objective, a measure, and an exclusion question. The exclusion question asks if the exclusion applies, with 'No' selected. Below, the 'PATIENT RECORDS' section asks for data extraction method, with 'ALL patient records' selected. The 'Numerator' and 'Denominator' fields are filled with 100 and 101 respectively. Navigation buttons at the bottom include 'Previous', 'Return to Attestation Progress', and 'Save & Continue' (highlighted with a red circle). A lightbulb icon is in the bottom left corner.

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

### Meaningful Use Core Measures

**Questionnaire: (1 of 15)**  
(\*) Red asterisk indicates a required field.

**Objective:** Use Computerized Provider Order Entry (CPOE) for medication orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines.

**Measure:** More than 30% of all unique patients with at least one medication in their medication list seen by the EP have at least one medication order entered using Computerized Provider Order Entry (CPOE).

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

**\*Does this exclusion apply to you?**  
☐ Yes ☒ No

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

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

Complete the following information:

**Numerator:** The number of patients in the denominator that have at least one medication order entered using Computerized Provider Order Entry (CPOE).

**Denominator:** Number of unique patients with at least one medication in their medication list seen by the EP during the EHR reporting period.

**\*Numerator:** 100 **\*Denominator:** 101

For additional information: [Meaningful Use Measure Specification Page](#)

Please select the **Previous** button to go back a page. Select the **Return to Attestation Progress** button to view your progress through the attestation topics. Please note that any changes that you have made on this page will not be saved. Select the **Save & Continue** button to save your entry and proceed.

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

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## 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

**Patient Records:** 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

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## Step 8 –

### Meaningful Use Core Measures Questionnaire (2 of 15)

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

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### Meaningful Use Core Measures

**Questionnaire: (2 of 15)**  
(\*) Red asterisk indicates a required field.

**Objective:** Implement drug-drug and drug-allergy interaction checks.

**Measure:** The EP has enabled this functionality for the entire EHR reporting period.  
Complete the following information:

\*Have you enabled the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period?

☒ Yes ☐ No

For additional information: [Meaningful Use Measure Specification 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](#)

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**CMS**  
CENTERS FOR MEDICARE & MEDICAID SERVICES

## STEPS

Select the appropriate option under Patient Records

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

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## Step 9 –

### Meaningful Use Core Measures Questionnaire (3 of 15)

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

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Welcome Your Name

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

### Meaningful Use Core Measures

**Questionnaire: (3 of 15)**  
(\*) Red asterisk indicates a required field.

**Objective:** Maintain an up-to-date problem list of current and active diagnoses.

**Measure:** 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.

Complete the following information:

**Numerator** Number of patients in the denominator who have at least one entry or an indication that no problems are known for the patient recorded as structured data in their problem list.

**Denominator** Number of unique patients seen by the EP during the EHR reporting period.

\*Numerator:  \*Denominator:

For additional information: [Meaningful Use Measure Specification 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](#)

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## 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

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## Step 10 –

### Meaningful Use Core Measures Questionnaire (4 of 15)

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

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

Welcome Your Name

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

### Meaningful Use Core Measures

**Questionnaire: (4 of 15)**  
(\*) Red asterisk indicates a required field.

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

**Measure:** More than 40% of all permissible prescriptions written by the EP are transmitted electronically using certified EHR technology.

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

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

☐ Yes ☒ No

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

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

Complete the following information:

**Numerator:** Number of prescriptions in the denominator generated and transmitted electronically.

**Denominator:** Number of prescriptions written for drugs requiring a prescription in order to be dispensed other than controlled substances during the EHR reporting period.

**\*Numerator:** 100 **\*Denominator:** 101

For additional information: [Meaningful Use Measure Specification 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](#)

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

## 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

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## Step 11 –

### Meaningful Use Core Measures Questionnaire (5 of 15)



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

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### Meaningful Use Core Measures

**Questionnaire: (5 of 15)**  
(\*) Red asterisk indicates a required field.

**Objective:** Maintain active medication list.

**Measure:** More than 80% of all unique patients seen by the EP have at least one entry (or an indication that the patient is not currently prescribed any medication) recorded as structured data.

Complete the following information:

**Numerator** Number of patients in the denominator who have a medication (or an indication that the patient is not currently prescribed any medication) recorded as structured data.

**Denominator** Number of unique patients seen by the EP during the EHR reporting period.

\*Numerator:  \*Denominator:

For additional information: [Meaningful Use Measure Specification 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](#)

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## STEPS

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

### TOPICS PROGRESS

*This is the second of six topics required for attestation*

*Numerator and Denominator must be whole numbers*

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

*The Help link is on every page*

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## Step 12 – Meaningful Use Core Measures Questionnaire (6 of 15)

**Questionnaire: (6 of 15)**  
(\*) Red asterisk indicates a required field.

Objective: Maintain active medication allergy list.

Measure: More than 80% of all unique patients seen by the EP have at least one entry (or an indication that the patient has no known medication allergies) recorded as structured data.

Complete the following information:

**Numerator** Number of unique patients in the denominator who have at least one entry (or an indication that the patient has no known medication allergies) recorded as structured data in their medication allergy list.

**Denominator** Number of unique patients seen by the EP during the EHR reporting period.

\*Numerator: 100 \*Denominator: 101

For additional information: [Meaningful Use Measure Specification 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](#)

**Your Name**  
Tax Identifier: XXX-XX-3568 (SSN)  
NPI: 0000000000  
Program Year: XXXX

### STEPS

Enter Numerator and  
Denominator and click  
**Save & Continue**

## Step 13 – Meaningful Use Core Measures Questionnaire (7 of 15)

**Questionnaire: (7 of 15)**  
(\*) Red asterisk indicates a required field.

Objective: Record all of the following demographics:  
Preferred language  
Gender  
Race  
Ethnicity  
Date of birth

Measure: More than 50% of all unique patients seen by the EP have demographics recorded as structured data.

Complete the following information:

**Numerator** Number of patients in the denominator who have all the elements of demographics (or a specific exclusion if the patient declined to provide one or more elements or if recording an element is contrary to state law) recorded as structured data.

**Denominator** Number of unique patients seen by the EP during the EHR reporting period.

\*Numerator: 100 \*Denominator: 101

For additional information: [Meaningful Use Measure Specification 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](#)

**Your Name**  
Tax Identifier: XXX-XX-3568 (SSN)  
NPI: 0000000000  
Program Year: XXXX

### STEPS

Enter Numerator and  
Denominator and click  
**Save & Continue**

### TOPICS PROGRESS

This is the second of six topics  
required for attestation

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## Step 14 –

### Meaningful Use Core Measures Questionnaire (8 of 15)

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

My Account | Log Out | Help

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### Meaningful Use Core Measures

**Questionnaire: (8 of 15)**  
(\*) Red asterisk indicates a required field.

**Objective:** Record and chart changes in vital signs:  
Height  
Weight  
Blood pressure  
Calculate and display body mass index (BMI)  
Plot and display growth charts for children 2-20 years, including BMI.

**Measure:** More than 50% of all unique patients age 2 and over seen by the EP, height, weight and blood pressure are recorded as structure data.

**EXCLUSION 1 - Based on ALL patient records:** An EP who sees no patients 2 years or older would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

\*Does exclusion 1 apply to you?  
☐ Yes ☒ No

**EXCLUSION 2 - Based on ALL patient records:** An EP who believes that all three vital signs of height, weight, and blood pressure have no relevance to their scope of practice would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

\*Does exclusion 2 apply to you?  
☐ Yes ☒ No

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

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

Complete the following information:

**Numerator:** Number of patients in the denominator who have at least one entry of their height, weight and blood pressure are recorded as structured data.

**Denominator:** Number of unique patients age 2 or over seen by the EP during the EHR reporting period.

\*Numerator: 100 \*Denominator: 102

For additional information: [Meaningful Use Measure Specification Page](#)

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

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

## STEPS

Select the appropriate option under Patient Records

Answer Yes or No to Exclusion 1

Select Yes or No for Exclusion 2

If NO is chosen for both exclusions, 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

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## Step 15 –

### Meaningful Use Core Measures Questionnaire (9 of 15)

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

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Welcome Your Name

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

### Meaningful Use Core Measures

**Questionnaire: (9 of 15)**  
(\*) Red asterisk indicates a required field.

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

**Measure:** More than 50 percent of all unique patients 13 years old or older seen by the EP have smoking status recorded as structured data.

**EXCLUSION - Based on ALL patient records:** An EP who sees no patients 13 years or older 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 data was extracted from ALL patient records or only from patient records maintained using certified EHR technology.

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

Complete the following information:

**Numerator:** Number of patients in the denominator with smoking status recorded as structured data.

**Denominator:** Number of unique patients age 13 or older seen by the EP during the EHR reporting period.

**\*Numerator:** 100 **\*Denominator:** 101

For additional information: [Meaningful Use Measure Specification Page](#)

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

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

## STEPS

Select the appropriate option under Patient Records

Answer Yes or No to the Exclusion

If NO is chosen for the exclusion, enter the Numerator and Denominator

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

**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
Your Name	XXX-XX-6224 (SSN)	0000000000				<a href="#">Modify</a>



## TIPS

### TOPICS PROGRESS

This is the second of six topics required for attestation

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

The completed topics have a check mark on the Topics screen

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

The screenshot shows the 'Meaningful Use Core Measures' section of the attestation system. The questionnaire is for 'Questionnaire: (10 of 15)'. A red asterisk indicates a required field. The objective is to report ambulatory clinical quality measures to CMS. The measure is to successfully report to CMS ambulatory clinical quality measures selected by CMS in the manner specified by the CMS. The user is asked to complete the following information: '\*I will submit Clinical Quality Measures?'. There are two radio buttons: 'Yes' (selected) and 'No'. A red arrow points to the 'Yes' button. Below the question, there is a link to 'Meaningful Use Measure Specification Page'. At the bottom, there are three buttons: 'Previous', 'Return to Attestation Progress', and 'Save & Continue' (circled in red). The CMS logo is visible in the bottom right corner.

### STEPS

Select Yes or No

Click **Save & Continue**

## Step 17 – Meaningful Use Core Measures Questionnaire (11 of 15)

The screenshot shows the 'Meaningful Use Core Measures' section of the attestation system. The questionnaire is for 'Questionnaire: (11 of 15)'. A red asterisk indicates a required field. The objective is to implement one clinical decision support rule relevant to specialty or high clinical priority along with the ability to track compliance to that rule. The measure is to implement one clinical decision support rule. The user is asked to complete the following information: '\*Have you implemented one clinical decision support rule relevant to specialty or high clinical priority along with the ability to track compliance to that rule?'. There are two radio buttons: 'Yes' (selected) and 'No'. Below the question, there is a link to 'Meaningful Use Measure Specification Page'. At the bottom, there are three buttons: 'Previous', 'Return to Attestation Progress', and 'Save & Continue'. The CMS logo is visible in the bottom right corner.

### STEPS

Select Yes or No

Click **Save & Continue**



### TIPS

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

*Clinical Quality Measures (CQMs) will be reported in another section, but indicate yes or no if you plan to provide data on CQMs directly from your certified EHR*

### TOPICS PROGRESS

*This is the second of six topics required for attestation*

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## Step 18 –

### Meaningful Use Core Measures Questionnaire (12 of 15)

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

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### Meaningful Use Core Measures

**Questionnaire: (12 of 15)**  
(\*) Red asterisk indicates a required field.

**Objective:** Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, medication allergies), upon request.

**Measure:** More than 50 percent of all patients who request an electronic copy of their health information are provided it within 3 business days.

**EXCLUSION - Based on ALL patient records:** An EP who has no requests from patients or their agents for an electronic copy of patient health information 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 data was extracted from ALL patient records or only from patient records maintained using certified EHR technology.

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

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

Complete the following information:

**Numerator** Number of patients in the denominator who receive an electronic copy of their electronic health information within three business days.

**Denominator** Number of patients of the EP who request an electronic copy of their electronic health information four business days prior to the end of the EHR reporting period.

**\*Numerator:** 100 **\*Denominator:** 101

For additional information: [Meaningful Use Measure Specification 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](#)

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## 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

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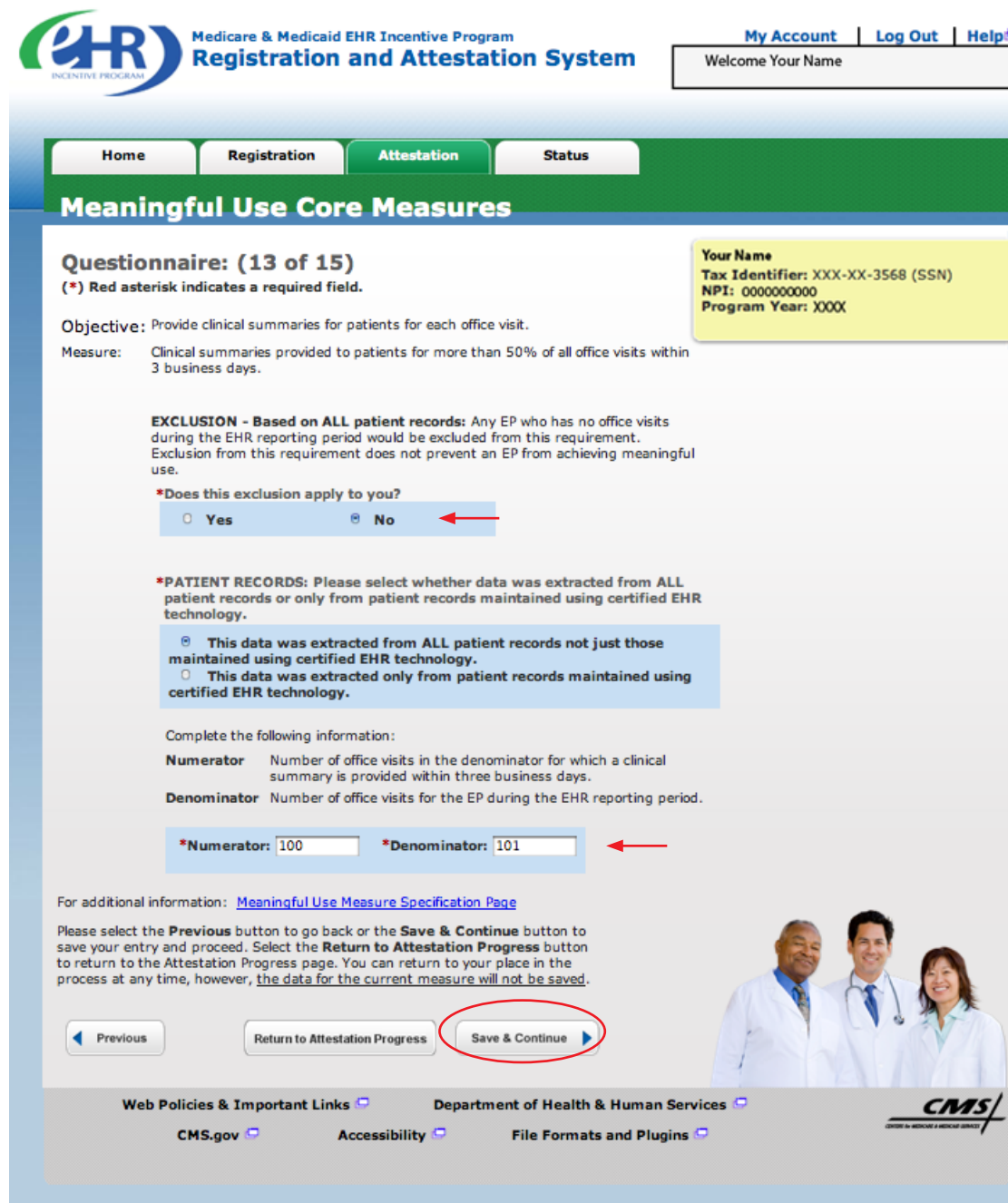
4

5

6

## Step 19 –

### Meaningful Use Core Measures Questionnaire (13 of 15)



The screenshot shows the Medicare & Medicaid EHR Incentive Program Registration and Attestation System interface. The top navigation bar includes links for My Account, Log Out, and Help. A welcome message "Welcome Your Name" is displayed. The main content area is titled "Meaningful Use Core Measures" and "Questionnaire: (13 of 15)". A yellow box on the right displays the user's name and identifiers: Tax Identifier: XXX-XX-3568 (SSN), NPI: 0000000000, and Program Year: XXXX. The questionnaire content includes an objective, a measure description, and an exclusion section. The exclusion section asks if the exclusion applies to the user, with radio buttons for Yes and No. Below this, it asks if patient records were extracted from ALL patient records or only from certified EHR technology. The user has selected "No" for the exclusion and "This data was extracted from ALL patient records not just those maintained using certified EHR technology." for the patient records. The numerator and denominator fields are both set to 100. At the bottom, there are buttons for Previous, Return to Attestation Progress, and Save & Continue. The Save & Continue button is circled in red. A CMS logo is visible in the bottom right corner.

Medicare & Medicaid EHR Incentive Program  
Registration and Attestation System

My Account | Log Out | Help

Welcome Your Name

Home | Registration | **Attestation** | Status

**Meaningful Use Core Measures**

**Questionnaire: (13 of 15)**  
(\*) Red asterisk indicates a required field.

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

**Measure:** Clinical summaries provided to patients for more than 50% of all office visits within 3 business days.

**EXCLUSION - Based on ALL patient records:** Any EP who has no office visits 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 data was extracted from ALL patient records or only from patient records maintained using certified EHR technology.

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

Complete the following information:

**Numerator** Number of office visits in the denominator for which a clinical summary is provided within three business days.

**Denominator** Number of office visits for the EP during the EHR reporting period.

**\*Numerator:** 100 **\*Denominator:** 101

For additional information: [Meaningful Use Measure Specification 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

CMS

## 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

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## Step 20 – Meaningful Use Core Measures Questionnaire (14 of 15)

### STEPS

Select Yes or No.

Click **Save & Continue**

## Step 21 – Meaningful Use Core Measures Questionnaire (15 of 15)

### STEPS

Select Yes or No.

Click **Save & Continue**



### TIPS

### TOPICS PROGRESS

*This is the second of six topics  
required for attestation*

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

*CQMs will be reported in another section, but  
indicate yes or no if you plan to provide data on  
CQMs directly from your certified EHR*

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## Step 22 – Meaningful Use Menu Measures Questionnaire

# QUESTIONNAIRE

Medicare & Medicaid EHR Incentive Program  
Registration and Attestation System

My Account | Log Out | Help

Welcome Your Name

Home | Registration | **Attestation** | Status

### Meaningful Use Menu Measures

**Instructions**  
You must submit at least one Meaningful Use Menu Measure from the public health list even if an Exclusion applies:

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

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

Objective	Measure	Select
Implemented drug-formulary checks.	The EP has enabled this functionality and has access to at least one internal or external drug formulary for the entire EHR reporting period.	<input checked="" type="checkbox"/>
Incorporate clinical lab-test results into EHR as structured data.	More than 40% of all clinical lab tests results ordered by the EP during the EHR reporting period whose results are in either in a positive/negative or numerical format are incorporated in certified EHR technology as structured data.	<input type="checkbox"/>
Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, or outreach.	Generate at least one report listing patients of the EP with a specific condition.	<input checked="" type="checkbox"/>
Send reminders to patients per patient preference for preventive/follow up care.	More than 20% of all unique patients 65 years or older or 5 years old or younger were sent an appropriate reminder during the EHR reporting period.	<input checked="" type="checkbox"/>
Provide patients with timely electronic access to their health information (including lab results, problem list, medication lists and allergies) within 4 business days of the information being available to the EP.	At least 10% of all unique patients seen by the EP are provided timely (available to the patient within four business days of being updated in the certified EHR technology) electronic access to their health information subject to the EPs discretion to withhold certain information.	<input type="checkbox"/>
Use certified EHR technology to identify patient-specific education resources and provide those resources to the patient if appropriate.	More than 10% of all unique patients seen by the EP during the EHR reporting period are provided patient-specific education resources.	<input checked="" type="checkbox"/>
The EP who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation.	The EP performs medication reconciliation for more than 50% of transitions of care in which the patient is transitioned into the care of the EP.	<input type="checkbox"/>
The EP who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care should provide summary of care record for each transition of care or referral.	The EP who transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 50% of transitions of care and referrals.	<input type="checkbox"/>

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](#)

## STEPS

Read the instructions and select **five (5)** measures from the Meaningful Use Menu Measures by clicking on the box immediately following the measure

Select at least one and up to two (2) from the Public Health list and the remainder from the list below it

Click **Save & Continue**



## TIPS

### TOPICS PROGRESS

This is the third of six topics required for attestation

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

The Attestation module will only show you the 5 you selected



## Step 23 – Review of the ten Meaningful Use Measures

### Meaningful Use Public Health Measure (1 of 2) out of 10 Meaningful Use Menu Measures

Objective	Measure	Select
<b>You must submit at least one Meaningful Use Menu Measure from the public health list even if an Exclusion applies to both:</b>		
Objective	Measure	Select
Capability to submit electronic data to immunization registries or immunization information systems and actual submission in accordance with applicable law and practice.	Performed at least one test of certified EHR technology's capacity to submit electronic data to immunization registries and follow up submission if the test is successful (unless none of the immunization registries to which the EP submits such information have the capacity to receive the information electronically).	<input checked="" type="checkbox"/>

## MEASURES

You must submit at least one Meaningful Use Measure from the public health list even if an Exclusion applies to both

HomeRegistrationAttestationStatus

Meaningful Use Menu Measures

**Questionnaire:**  
(\*) Red asterisk indicates a required field.

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

**Measure:** Performed at least one test of certified EHR technology's capacity to submit electronic data to immunization registries and follow up submission if the test is successful (unless none of the immunization registries to which the EP submits such information have the capacity to receive the information electronically).

**EXCLUSION 1 - Based on ALL patient records:** An EP who does not perform immunizations during the EHR reporting period would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

\*Does exclusion 1 apply to you?

☐ Yes ☒ No

**EXCLUSION 2 - Based on ALL patient records:** If there is no immunization registry that has the capacity to receive the information electronically, an EP would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

\*Does exclusion 2 apply to you?

☐ Yes ☒ No

Complete the following information:

\*Did you perform at least one test of certified EHR technology's capacity to submit electronic data to immunization registries and follow up submission if the test is successful (unless none of the immunization registries to which the EP submits such information have the capacity to receive the information electronically)?

☒ Yes ☐ No

For additional information: [Meaningful Use Measure Specification Page](#)

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

**Your Name**  
Tax Identifier: XXX-XX-3568 (SSN)  
NPI: 0000000000  
Program Year: XXXX



## TIPS

## TOPICS PROGRESS

This is the third of six topics required for attestation

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

You must select from both the Public Health list and the Meaningful Use list that follows

1

2

3

4

5

6

## Step 23 – Review of the ten Meaningful Use Measures (cont.)

### Meaningful Use Public Health Measure (2 of 2) out of 10 Meaningful Use Menu Measures

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

## MEASURES

.....  
You must submit at least one Meaningful Use Measure from the public health list even if an Exclusion applies to both

## TIPS

### TOPICS PROGRESS

This is the third of six topics required for attestation

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

You must select from both the Public Health list and the Meaningful Use list that follows

1

2

3

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## Step 23 – Review of the ten Meaningful Use Measures (cont.)

### Menu Measure Objectives (3 of 10)

Objective	Measure	Select
Implemented drug-formulary checks.	The EP has enabled this functionality and has access to at least one internal or external drug formulary for the entire EHR reporting period.	<input checked="" type="checkbox"/>

## MEASURES

Complete the questions for the 5 measures you selected

Click **Save & Continue**

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

### Meaningful Use Menu Measures

**Questionnaire:**  
(\*) Red asterisk indicates a required field.

**Your Name**  
Tax Identifier: XXX-XX-3568 (SSN)  
NPI: 0000000000  
Program Year: XXXX

Objective: Implemented drug-formulary checks.  
Measure: The EP has enabled this functionality and has access to at least one internal or external drug formulary for the entire EHR reporting period.

**EXCLUSION - Based on ALL patient records:** An EP who writes fewer than 100 prescriptions during the EHR reporting period can be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

\*Does this exclusion apply to you?  
☐ Yes ☒ No

Complete the following information:

\*Have you enabled the drug formulary check functionality and did you have access to at least one internal or external drug formulary for the entire EHR reporting period?  
☒ Yes ☐ No

For additional information: [Meaningful Use Measure Specification Page](#)

Please select the **Previous** button to go back or the **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](#)



## TIPS

### TOPICS PROGRESS

This is the third of six topics required for attestation

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

You must select from both the Public Health list and the Meaningful Use list that follows

1

2

3

4

5

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## Step 23 – Review of the ten Meaningful Use Measures (cont.)

### Menu Measure Objectives (4 of 10)

Objective	Measure	Select
Incorporate clinical lab-test results into EHR as structured data.	More than 40% of all clinical lab tests results ordered by the EP during the EHR reporting period whose results are in either in a positive/negative or numerical format are incorporated in certified EHR technology as structured data.	<input checked="" type="checkbox"/>

## MEASURES

Remember, you must submit at least one Meaningful Use Measure from the public health list

HomeRegistrationAttestationStatus

Meaningful Use Menu Measures

**Questionnaire:**  
(\*) Red asterisk indicates a required field.

**Objective:** Incorporate clinical lab-test results into EHR as structured data.  
**Measure:** More than 40% of all clinical lab tests results ordered by the EP during the EHR reporting period whose results are in either in a positive/negative or numerical format are incorporated in certified EHR technology as structured data.

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

**\*Does this exclusion apply to you?**  
☐ Yes ☒ No

You have indicated that you have ordered lab tests with results in either a positive/negative or numeric format during the EHR reporting period. Complete the following information:

**Numerator** Number of lab test results whose results are expressed in a positive or negative affirmation or as a number which are incorporated as structured data.

**Denominator** Number of lab tests ordered during the EHR reporting period by the EP whose results are expressed in a positive or negative affirmation or as a number.

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

For additional information: [Meaningful Use Measure Specification Page](#)

Please select the **Previous** button to go back or the **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 questionnaire at any time, however, the data for the current measure will not be saved.

PreviousReturn to Attestation ProgressSave & Continue

Your Name  
Tax Identifier: XXX-XX-3568 (SSN)  
NPI: 0000000000  
Program Year: XXXX



### TIPS

This is the third of six topics required for attestation

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

You must select from both the Public Health list and the Meaningful Use list that follows

1

2

3

4

5

6

## Step 23 – Review of the ten Meaningful Use Measures (cont.)

### Menu Measure Objectives (5 of 10)

Objective	Measure	Select
Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, or outreach.	Generate at least one report listing patients of the EP with a specific condition.	<input checked="" type="checkbox"/>

## MEASURES

Complete the questions for the 5 measures you selected

Click **Save & Continue**

HomeRegistrationAttestationStatus

Meaningful Use Menu Measures

**Questionnaire:**  
(\*) Red asterisk indicates a required field.

**Your Name**  
Tax Identifier: XXX-XX-3568 (SSN)  
NPI: 0000000000  
Program Year: XXXX

**Objective:** Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, or outreach.

**Measure:** Generate at least one report listing patients of the EP with a specific condition.

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

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

Complete the following information:

**\*Have you generated at least one report listing your patients with a specific condition?**

☒ Yes
☐ No

For additional information: [Meaningful Use Measure Specification Page](#)

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

## TIPS

### TOPICS PROGRESS

This is the third of six topics required for attestation

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

You must select from both the Public Health list and the Meaningful Use list that follows

1

3

5

## Step 23 – Review of the ten Meaningful Use Measures (cont.)

### Additional Menu Measure Objectives (6 of 10)

Objective	Measure	Select
Send reminders to patients per patient preference for preventive/follow up care.	More than 20% of all unique patients 65 years or older or 5 years old or younger were sent an appropriate reminder during the EHR reporting period.	<input checked="" type="checkbox"/>

## MEASURES

Complete the questions for the 5 measures you selected

Click **Save & Continue**

**Questionnaire:**  
(\*) Red asterisk indicates a required field.

**Objective:** Send reminders to patients per patient preference for preventive/follow up care.

**Measure:** More than 20% of all unique patients 65 years or older or 5 years old or younger were sent an appropriate reminder during the EHR reporting period.

**EXCLUSION - Based on ALL patient records:** Any EP who has no patients 65 years old or older or 5 years old or younger with records maintained using certified EHR technology is 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 data was extracted from ALL patient records or only from patient records maintained using certified EHR technology.

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

Complete the following information:

**Numerator** Number of patients in the denominator who were sent the appropriate reminder.

**Denominator** Number of unique patients 65 years old or older or 5 years old or younger.

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

For additional information: [Meaningful Use Measure Specification Page](#)

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



### TIPS

### TOPICS PROGRESS

This is the third of six topics required for attestation

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

You must select from both the Public Health list and the Meaningful Use list that follows

1

2

3

4

5

6

## Step 23 – Review of the ten Meaningful Use Measures (cont.)

### Additional Menu Measure Objective (7 of 10)

Objective	Measure	Select
Provide patients with timely electronic access to their health information (including lab results, problem list, medication lists and allergies) within 4 business days of the information being available to the EP.	At least 10% of all unique patients seen by the EP are provided timely (available to the patient within four business days of being updated in the certified EHR technology) electronic access to their health information subject to the EP's discretion to withhold certain information.	<input checked="" type="checkbox"/>

## MEASURES

Complete the questions for the 5 measures you selected

Click **Save & Continue**

## TIPS

## TOPICS PROGRESS

This is the third of six topics required for attestation

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

You must select from both the Public Health list and the Meaningful Use list that follows

1

2

3

4

5

6

## Step 23 – Review of the ten Meaningful Use Measures (cont.)

### Additional Menu Measure Objectives (8 of 10)

Objective	Measure	Select
Use certified EHR technology to identify patient-specific education resources and provide those resources to the patient if appropriate.	More than 10% of all unique patients seen by the EP during the EHR reporting period are provided patient-specific education resources.	<input checked="" type="checkbox"/>

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

### Meaningful Use Menu Measures

**Questionnaire:**  
(\*) Red asterisk indicates a required field.

**Objective:** Use certified EHR technology to identify patient-specific education resources and provide those resources to the patient if appropriate.

**Measure:** More than 10% of all unique patients seen by the EP during the EHR reporting period are provided patient-specific education resources.

Complete the following information:

**Numerator:** Number of patients in the denominator who are provided patient-specific education resources.

**Denominator:** Number of unique patients seen by the EP during the EHR reporting period.

\*Numerator:  \*Denominator:

For additional information: [Meaningful Use Measure Specification Page](#)

Please select the **Previous** button to go back or the **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](#)

**Your Name**  
**Tax Identifier:** XXX-XX-3568 (SSN)  
**NPI:** 0000000000  
**Program Year:** XXXX

### 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
Your Name	XXX-XX-6224 (SSN)	0000000000				<a href="#">Modify</a>

### Topics

The data required for this attestation is grouped into topics. In order to complete your attestation, you must complete ALL of the following topics. The Alternate Core Clinical Quality Measures (CQM) topic is only required when a Core CQM has a denominator of zero. Select the **TOPIC** and provide the required information. The system will show when each **TOPIC** is completed.

1	<a href="#">Attestation Information</a>	Completed	<a href="#">▶</a>
2	<a href="#">Meaningful Use Core Measures</a>	Completed	<a href="#">▶</a>
3	<a href="#">Meaningful Use Menu Measures</a>	Completed	<a href="#">▶</a>
4	<a href="#">Clinical Quality Measures</a>	Completed	<a href="#">▶</a>
5	<a href="#">Alternate Core Clinical Quality Measures</a>	N/A	<a href="#">▶</a>

## MEASURES

Complete the questions for the 5 measures you selected

Note that while this User Guide reviews all ten measures, the Attestation module will only show you the five you selected

Click **Save & Continue**



### TIP

To check your progress click on the **ATTESTATION** tab at the top of the page and select "Modify" in the Action column in the Attestation Selection page. The completed topics have a check mark on the TOPICS screen

## TOPICS PROGRESS

This is the third of six topics required for attestation

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

## Step 23 – Review of the ten Meaningful Use Measures (cont.)

### Additional Menu Measure Objectives (9 of 10)

Objective	Measure	Select
The EP who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation.	The EP performs medication reconciliation for more than 50% of transitions of care in which the patient is transitioned into the care of the EP.	<input checked="" type="checkbox"/>

## MEASURES

Complete the questions for the 5 measures you selected

Click **Save & Continue**

HomeRegistrationAttestationStatus

Meaningful Use Menu Measures

**Questionnaire:**  
(\*) Red asterisk indicates a required field.

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

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

**EXCLUSION - Based on ALL patient records:** An EP who was not on the receiving end of any transition of care 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 data was extracted from ALL patient records or only from patient records maintained using certified EHR technology.

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

Complete the following information:

**Numerator:** Number of transitions of care in the denominator where medication reconciliation was performed.

**Denominator:** Number of transitions of care during the EHR reporting period for which the EP was the receiving party of the transition.

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

For additional information: [Meaningful Use Measure Specification 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 questionnaire any time, however, the data for the current measure will not be saved.

PreviousReturn to Attestation ProgressSave & Continue

Your Name  
Tax Identifier: XXX-XX-3568 (SSN)  
NPI: 0000000000  
Program Year: XXXX

## TIPS

## TOPICS PROGRESS

This is the third of six topics required for attestation

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

You must select from both the Public Health list and the Meaningful Use list that follows

1

2

3

4

5

6

## Step 23 – Review of the ten Meaningful Use Measures (cont.)

### Additional Menu Measure Objectives (10 of 10)

Objective	Measure	Select
The EP who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care should provide summary of care record for each transition of care or referral.	The EP who transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 50% of transitions of care and referrals.	<input checked="" type="checkbox"/>

## MEASURES

Remember, you must submit at least one Meaningful Use Measure from the public health list even if an Exclusion applies to both

HomeRegistrationAttestationStatus

Meaningful Use Menu Measures

**Questionnaire:**  
(\*) Red asterisk indicates a required field.

**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 of care record for each transition of care or referral.

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

**EXCLUSION - Based on ALL patient records:** An EP who does not transfer a patient to another setting or refer a patient to another provider 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 data was extracted from ALL patient records or only from patient records maintained using certified EHR technology.

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

Complete the following information:

**Numerator** Number of transitions of care and referrals in the denominator where a summary of care record was provided.

**Denominator** Number of transitions of care and referrals during the EHR reporting period for which the EP was the transferring or referring provider.

**\*Numerator:** 99 **\*Denominator:** 100

For additional information: [Meaningful Use Measure Specification 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 questionnaire at any time, however, the data for the current measure will not be saved.

PreviousReturn to Attestation ProgressSave & Continue

Your Name  
Tax Identifier: XXX-XX-3568 (SSN)  
NPI: 0000000000  
Program Year: XXXX

## TIPS

## TOPICS PROGRESS

This is the third of six topics required for attestation

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

You must select from both the Public Health list and the Meaningful Use list that follows

1

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## Step 24 – Clinical quality measures (CQM) – eReporting option

### STEPS

If you selected yes, you will need to electronically submit your clinical quality measures and you will NOT be able to attest CQM results

The reporting period for CQMs submitted electronically will be the entire 2012 Calendar Year

Please continue to submit your attestation in the Registration and Attestation System once you have completed the Meaningful Use Core and Meaningful Use Menu measures

If you selected no, then you will be allowed to attest to the CQMs and you may also submit your CQMs electronically. To note, you will be paid based on your attestation and not be placed in a pending pilot status

Click **Continue With Attestation**

You must agree to submit the information for CQMs electronically within 2 months after the end of the EHR Reporting Period. At the Submission Process – Attestation Statement screen (page 51)



### 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 25 – Core Clinical Quality Measures (CQMs 1 of 3)

EPs must report calculated CQMs directly from their certified EHR technology as a requirement of the EHR Incentive Programs. Each EP must report on three core CQMs (or alternate core) and three additional quality measures. If one or more core CQMs is outside your scope of practice, you will have to report on an equal number of alternate core CQM(s). If the denominator value for all three of the core CQMs is zero, an EP must report a zero denominator for all such core measures, and then must also report on all three alternate core CQMs. If the denominator value for all three of the alternate core CQMs is also zero an EP still needs to report on three additional clinical quality measures. Zero is an acceptable denominator provided that this value was produced by certified EHR technology.

*You will be reporting on a minimum of 6 CQMs or a maximum of 9 CQMs.*

## STEPS

Enter Clinical Quality Measure 1 of 3

Enter Denominator and Numerator

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

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

### Clinical Quality Measures

**Questionnaire: (1 of 3)**  
(\*) Red asterisk indicates a required field.

**Instructions:** All three Core Clinical Quality Measures must be submitted. For each Core Clinical Quality Measure that has a denominator of zero, an Alternate Core Clinical Quality Measure must also be submitted.

**NQF 0013**  
**Title:** Hypertension: Blood Pressure Measurement  
**Description:** Percentage of patient visits for patients aged 18 years and older with a diagnosis of hypertension who have been seen for at least 2 office visits, with blood pressure (BP) recorded.

Complete the following information:

\*Denominator: 100 \*Numerator: 101

For additional information: [Clinical Quality Measure Specification Page](#)

Please select the **Previous** button to go back a page. Select the **Return to Attestation Progress** button to view your progress through the attestation process. Please note that any changes that you have made on this page will not be saved. Select the **Save & Continue** button to save your entry and proceed.

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

## TIPS

## TOPICS PROGRESS

*This is the fourth of six topics required for attestation*

*Numerator and Denominator must be whole numbers*

*The Denominator must be entered before the Numerator on the remaining screens*

1

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## Step 26 – Core Clinical Quality Measures (CQMs 2 of 3)

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

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

Welcome Your Name

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

### Clinical Quality Measures

**Questionnaire: (2 of 3)**  
(\*) Red asterisk indicates a required field.

**Instructions:** All three Core Clinical Quality Measures must be submitted. For each Core Clinical Quality Measure that has a denominator of zero, an Alternate Core Clinical Quality Measure must also be submitted.

**NQF 0028**  
**Title:** Preventive Care and Screening Measure Pair

**a. Tobacco Use Assessment**  
**Description:** Percentage of patients aged 18 years and older who have been seen for at least 2 office visits who were queried about tobacco use one or more times within 24 months.  
Complete the following information:

\*Denominator:  \*Numerator:

**b. Tobacco Cessation Intervention**  
**Description:** Percentage of patients aged 18 years and older identified as tobacco users within the past 24 months and have been seen for at least 2 office visits, who received cessation intervention.  
Complete the following information:

\*Denominator:  \*Numerator:

For additional information: [Clinical Quality Measure Specification 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](#)

**CMS**  
CENTERS FOR MEDICARE & MEDICAID SERVICES

## STEPS

Enter Clinical Quality Measure 2 of 3

Enter Denominator and Numerator

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

## TIPS

## TOPICS PROGRESS

*This is the fourth of six topics required for attestation*

*Numerator and Denominator must be whole numbers*

*The Denominator must be entered before the Numerator on the remaining screens*

1

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## Step 27 – Core Clinical Quality Measures (CQMs 3 of 3)

### STEPS

Enter Clinical Quality Measure 3 of 3

Enter Denominators and Numerators

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

You will navigate to step 28 unless you entered a denominator of zero in one of the core CQM measures

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

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Welcome Your Name

Home | Registration | **Attestation** | Status

### Clinical Quality Measures

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

**Instructions:** All three Core Clinical Quality Measures must be submitted. For each Core Clinical Quality Measure that has a denominator of zero, an Alternate Core Clinical Quality Measure must also be submitted.

**NQF 0421**  
**Title:** Adult Weight Screening and Follow-up  
**Description:** Percentage of patients aged 18 years and older with a calculated BMI in the past six months or during the current visit documented in the medical record AND if the most recent BMI is outside parameters, a follow-up plan is documented.

Complete the following information:

**Population Criteria 1**  
\*Denominator: 101 \*Numerator: 100 \*Exclusion: 2

**Population Criteria 2**  
\*Denominator: 200 \*Numerator: 193 \*Exclusion: 4

For additional information: [Clinical Quality Measure Specification 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



### TIPS

Enter the number of exclusions after the numerator

While the EHR may have been configured to produce calculations of the measures, the information reported for this objective only includes the denominator, numerators and if applicable, the exclusion data for that measure

### TOPICS PROGRESS

This is the fourth of six topics required for attestation

1

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## Step 28 – Alternate Clinical Quality Measures (CQMs)

### STEPS

The screen will prompt you with the number of alternate core CQMs you must select, and that number is based on the number of zeros you reported in the denominators of core CQMs

Select your CQMs and Click **Save & Continue**

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

My Account | Log Out | Help

Welcome Your Name

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### Alternate Clinical Quality Measures

**Questionnaire**

**Instructions:**

You have entered a denominator of zero for all of your Core Clinical Quality Measures. You must submit all of the Alternate Core Clinical Quality Measures from the list below.

Please select all of the Alternate Clinical Quality Measures from the list below.

**Note:** An Alternate Clinical Quality Measure with a denominator of zero should only be selected if the remaining Alternate Clinical Quality Measures do not have a denominator value greater than zero.

Measure #	Title	Description	Selection
NQF 0024	<b>Title:</b> Weight Assessment and Counseling for Children and Adolescents	<b>Description:</b> Percentage of patients 2 -17 years of age who had an outpatient visit with a Primary Care Physician (PCP) or OB/GYN and who had evidence of BMI percentile documentation, counseling for nutrition and counseling for physical activity during the measurement year.	<input checked="" type="checkbox"/>
NQF 0041	<b>Title:</b> Preventive Care and Screening: Influenza Immunization for Patients greater than or equal to 50 Years Old	<b>Description:</b> Percentage of patients aged 50 years and older who received an influenza immunization during the flu season (September through February).	<input checked="" type="checkbox"/>
NQF 0038	<b>Title:</b> Childhood Immunization Status	<b>Description:</b> Percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); two H influenza type B (HIB); three hepatitis B (Hep B); one chicken pox (VZV); four pneumococcal conjugate (PCV); two hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. The measure calculates a rate for each vaccine and two separate combination rates.	<input checked="" type="checkbox"/>

For additional information: [Clinical Quality Measure Specification Page](#)

Please select the **Previous** button to go back a page. Select the **Return to Attestation Progress** button to view your progress through the attestation topics. Please note that any changes that you have made on this page will not be saved. Select the **Save & Continue** button to save your entry and proceed.

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



### TIPS

If you entered a denominator of **zero** for one of your CQMs, you must submit **one** Alternate Core Clinical Quality Measure

If you entered a denominator of zero for **two** of your CQMs, you must submit **two** Alternate Core Clinical Quality Measures

If you entered a denominator of zero for **all** of your CQMs, you must submit **all** of the Alternate Core Clinical Quality Measures

### TOPICS PROGRESS

This is the fifth of six topics required for attestation

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## Step 29 – Alternate Clinical Quality Measures – Questionnaire

### STEPS

Enter the  
Denominator and  
Numerator for each  
population criteria

Click **Save & Continue**

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

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### Alternate Clinical Quality Measures

**Questionnaire: (1 of 3)**  
(\*) Red asterisk indicates a required field.

**NQF 0024**

**Title:** Weight Assessment and Counseling for Children and Adolescents

**Description:** Percentage of patients 2 -17 years of age who had an outpatient visit with a Primary Care Physician (PCP) or OB/GYN and who had evidence of BMI percentile documentation, counseling for nutrition and counseling for physical activity during the measurement year.

Complete the following information:

**Population Criteria 1**

*Denominator 1:	*Numerator 1:
*Denominator 2:	*Numerator 2:
*Denominator 3:	*Numerator 3:

**Population Criteria 2**

*Denominator 1:	*Numerator 1:
*Denominator 2:	*Numerator 2:
*Denominator 3:	*Numerator 3:

**Population Criteria 3**

*Denominator 1:	*Numerator 1:
*Denominator 2:	*Numerator 2:
*Denominator 3:	*Numerator 3:

For additional information: [Clinical Quality Measure Specification Page](#)

Please select the **Previous** button to go back a page. Select the **Return to Attestation Progress** button to view your progress through the attestation topics. Please note that any changes that you have made on this page will not be saved. Select the **Save & Continue** button to save your entry and proceed.

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

### TIPS

#### TOPICS PROGRESS

This is the fifth of six topics  
required for attestation

All fields must be  
completed

Only the additional Clinical Quality Measures  
you selected will be presented on the screen

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## Step 29 – Alternate Clinical Quality Measures (cont.)

HomeRegistrationAttestationStatus

### Alternate Clinical Quality Measures

**Questionnaire: (2 of 3)**  
(\*) Red asterisk indicates a required field.

**NQF 0041**

**Title:** Preventive Care and Screening: Influenza Immunization for Patients greater than or equal to 50 Years Old

**Description:** Percentage of patients aged 50 years and older who received an influenza immunization during the flu season (September through February).

Complete the following information:

\*Denominator:

\*Numerator:

\*Exclusion:

For additional information: [Clinical Quality Measure Specification Page](#)

Please select the **Previous** button to go back a page. Select the **Return to Attestation Progress** button to view your progress through the attestation topics. Please note that any changes that you have made on this page will not be saved. Select the **Save & Continue** button to save your entry and proceed.

Previous

Return to Attestation Progress

Save & Continue

## STEPS

Enter Numerator(s),  
Denominator(s) and  
Exclusion

Click **Save & Continue**

### Questionnaire: (3 of 3)

(\*) Red asterisk indicates a required field.

#### NQF 0038

**Title:** Childhood Immunization Status

**Description:** Percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); two H influenza type B (Hib); three hepatitis B (Hep B); one chicken pox (VZV); four pneumococcal conjugate (PCV); two hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. The measure calculates a rate for each vaccine and two separate combination rates.

Complete the following:

*Denominator 1:	*Numerator 1:	*Denominator 7:	*Numerator 7:
*Denominator 2:	*Numerator 2:	*Denominator 8:	*Numerator 8:
*Denominator 3:	*Numerator 3:	*Denominator 9:	*Numerator 9:



## TIPS

### TOPICS PROGRESS

*This is the fifth of six topics  
required for attestation*

*All fields must be  
completed*

*Only the additional Clinical Quality Measures  
you selected will be presented on the screen*

1

2

3

4

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6

## Step 30 – Additional Clinical Quality Measures – Questionnaire

### STEPS

Select three (3) Additional Clinical Quality Measures by clicking on the box immediately following the measures

Note: This is a sample of the list of Additional Clinical Quality Measures, not a complete list

After reviewing all measures and selecting three, click **Continue** at the bottom of the your screen

Home
Registration
Attestation
Status

### Additional Clinical Quality Measures

**Questionnaire**

Instructions: Select three Additional Clinical Quality Measures from the list below. You will be prompted to enter numerator(s), denominator(s), and exclusion(s), if applicable, for all three Additional Clinical Quality Measures after you select the CONTINUE button below.

Deselect All

Measure #	Title	Description	Selection
NQF 0059	<b>Title:</b> Diabetes: Hemoglobin A1c Poor Control	<b>Description:</b> Percentage of patients 18-75 years of age with diabetes (type 1 or type 2) who had hemoglobin A1c > 9.0%.	<input type="checkbox"/>
NQF 0064	<b>Title:</b> Diabetes: Low Density Lipoprotein (LDL) Management and Control	<b>Description:</b> Percentage of patients 18-75 years of age with diabetes (type 1 or type 2) who had LDL-C < 100 mg/dL).	<input type="checkbox"/>
NQF 0061	<b>Title:</b> Diabetes: Blood Pressure Management	<b>Description:</b> Percentage of patients 18-75 years of age with diabetes (type 1 or type 2) who had blood pressure <140/90 mmHg.	<input type="checkbox"/>
NQF 0081	<b>Title:</b> Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)	<b>Description:</b> Percentage of patients aged 18 years and older with a diagnosis of heart failure and LVSD (LVEF < 40%) who were prescribed ACE inhibitor or ARB therapy.	<input type="checkbox"/>
NQF 0070	<b>Title:</b> Coronary Artery Disease (CAD): Beta-Blocker Therapy for CAD Patients with Prior Myocardial Infarction (MI)	<b>Description:</b> Percentage of patients aged 18 years and older with a diagnosis of CAD and prior MI who were prescribed beta-blocker therapy.	<input type="checkbox"/>
NQF 0043	<b>Title:</b> Pneumonia Vaccination Status for Older Adults	<b>Description:</b> Percentage of patients 65 years of age and older who have ever received a pneumococcal vaccine.	<input type="checkbox"/>
NQF 0031	<b>Title:</b> Breast Cancer Screening	<b>Description:</b> Percentage of women 40-69 years of age who had a mammogram to screen for breast cancer.	<input type="checkbox"/>
NQF 0034	<b>Title:</b> Colorectal Cancer Screening	<b>Description:</b> Percentage of adults 50-75 years of age who had appropriate screening for colorectal cancer.	<input type="checkbox"/>
NQF 0067	<b>Title:</b> Coronary Artery Disease (CAD): Oral Antiplatelet Therapy Prescribed for Patients with CAD	<b>Description:</b> Percentage of patients aged 18 years and older with a diagnosis of CAD who were prescribed oral antiplatelet therapy.	<input type="checkbox"/>
NQF 0083	<b>Title:</b> Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)	<b>Description:</b> Percentage of patients aged 18 years and older with a diagnosis of heart failure who also have LVSD (LVEF < 40%) and who were prescribed beta-blocker therapy.	<input type="checkbox"/>
NQF 0105	<b>Title:</b> Anti-depressant medication management: (a) Effective Acute Phase Treatment, (b) Effective Continuation Phase Treatment	<b>Description:</b> Percentage of patients 18 years of age and older who were diagnosed with a new episode of major depression, treated with antidepressant medication, and who remained on an antidepressant medication treatment.	<input type="checkbox"/>



### TIPS

### TOPICS PROGRESS

This is the sixth of six topics required for attestation

You will be prompted to enter a numerator, denominator and exclusion on the next pages

Only the additional Clinical Quality Measures you selected will be presented on the screen

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## Step 30 – Additional Clinical Quality Measures (cont.)

HomeRegistrationAttestationStatus

Additional Clinical Quality Measures

**Questionnaire: (1 of 3)**

(\*) Red asterisk indicates a required field.

**NQF 0059**

**Title:** Diabetes: Hemoglobin A1c Poor Control

**Description:** Percentage of patients 18-75 years of age with diabetes (type 1 or type 2) who had hemoglobin A1c > 9.0%.

Complete the following information:

\*Denominator:

\*Numerator:

\*Exclusion:

For additional information: [Clinical Quality Measure Specification Page](#)

Please select the **Previous** button to go back a page. Select the **Return to Attestation Progress** button to view your progress through the attestation topics. Please note that any changes that you have made on this page will not be saved. Select the **Save & Continue** button to save your entry and proceed.

**Your Name**

Tax Identifier: XXX-XX-

NPI: 0000000000

Program Year: XXXX

### STEPS

Only the additional Clinical Quality Measures you selected will be presented on the screen

Enter Denominator, Numerator and Exclusion for the three (3) Additional Clinical Quality Measures chosen

Click **Save & Continue**

Questionnaire: (2 of 3)

(\*) Red asterisk indicates a required field.

NQF 0034

Title: Colorectal Cancer Screening

Description: Percentage of adults 50-75 years of age who had appropriate screening for colorectal cancer.

Complete the following information:

\*Denominator:

\*Numerator:

\*Exclusion:

**Your Name**

Tax Identifier: XXX-XX-3568 (SSN)

NPI: 0000000000

Program Year: XXXX

Questionnaire: (3 of 3)

(\*) Red asterisk indicates a required field.

NQF 0055

Title: Diabetes: Eye Exam

Description: Percentage of patients 18-75 years of age with diabetes (type 1 or type 2) who had a retinal or dilated eye exam or a negative retinal exam (no evidence of retinopathy) by an eye care professional.

Complete the following information:

\*Denominator:

\*Numerator:

\*Exclusion:

**Your Name**

Tax Identifier: XXX-XX-3568 (SSN)

NPI: 0000000000

Program Year: XXXX

### TOPICS PROGRESS

*This is the sixth of six topics required for attestation*

1

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4

5

6

## Step 3 | - Topics for this Attestation

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

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

Welcome Your Name

**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. The Alternate Core Clinical Quality Measures (CQM) topic is only required when a Core CQM has a denominator of zero. Select the **TOPIC** and provide the required information. The system will show when each **TOPIC** is completed.

1	<a href="#">Attestation Information</a>	Completed
2	<a href="#">Meaningful Use Core Measures</a>	Completed
3	<a href="#">Meaningful Use Menu Measures</a>	Completed
4	<a href="#">Clinical Quality Measures</a>	Completed
5	<a href="#">Alternate Core Clinical Quality Measures</a>	Completed
6	<a href="#">Additional Clinical Quality Measures</a>	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](#)

[File Formats and Plugins](#)

[CMS.gov](#)

[Accessibility](#)

**CMS**

## 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

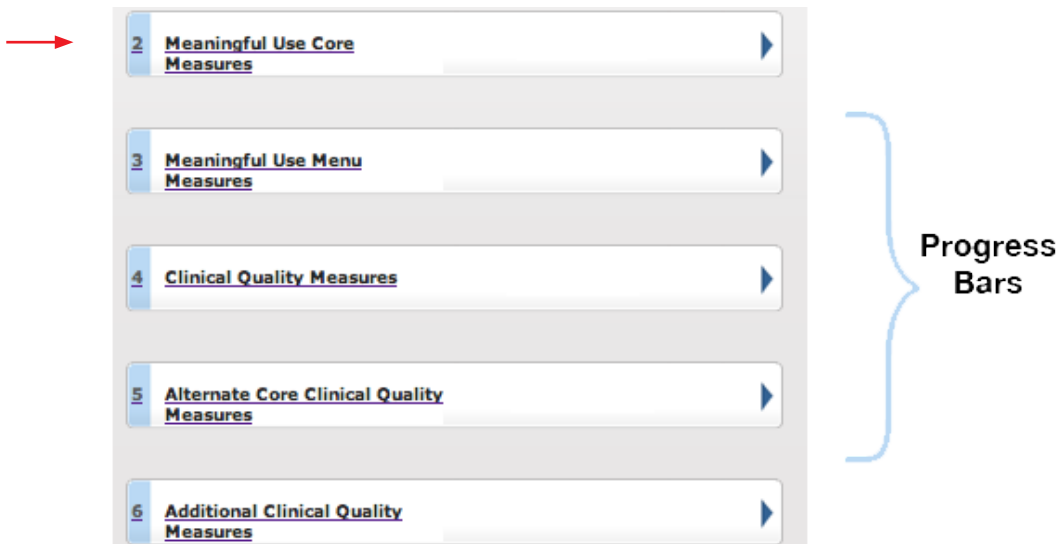


## TIPS

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 32 – Attestation Summary



### STEPS

Select the measure  
Progress Bar to edit  
a measure


Click **Save & Continue**

Home Registration **Attestation** Status

### Attestation Summary

2 Meaningful Use Core Measures

Your Name  
Tax Identifier: XXX-XX-6224 (SSN)  
NPI: 0000000000  
Program Year: 2012

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 problem known for the patient recorded as structured data.		

#### Questionnaire: (1 of 15)

(\*) Red asterisk indicates a required field.

Objective: Use Computerized Provider Order Entry (CPOE) for medication orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines.

Measure: More than 30% of all unique patients with at least one medication in their medication list seen by the EP have at least one medication order entered using Computerized Provider Order Entry (CPOE).

\*Numerator: 100 \*Denominator: 101

For additional information: [Meaningful Use Measure Specification Page](#)

Please select the **Previous** button to go back a page. Select the **Return to Attestation Progress** button to view your progress through the attestation topics. Please note that any changes that you have made on this page will not be saved. Select the **Save & Continue** button to save your entry and proceed.

Your Name  
Tax Identifier: XXX-XX-6224 (SSN)  
NPI: 0000000000  
Program Year: 2012



### TIPS

CMS recommends you review all of your attestation information before submitting. EPs who fail their attestation 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

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.

## Step 32 – Attestation Summary (Cont.)



Medicare & Medicaid EHR Incentive Program  
Registration and Attestation System

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### Attestation Summary

2 Meaningful Use Core Measures

Your Name

Tax Identifier: XXX-XX-6224 (SSN)

NPI: 0000000000

Program Year: 2012

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	<a href="#">Edit</a>
Implement drug-drug and drug-allergy interaction checks	The EP has enabled this functionality for the entire EHR reporting period.	Yes	<a href="#">Edit</a>
Maintain an up-to-date problem list of current and active diagnoses.	More than 80% of all unique patients seen by the EP have at least one entry or an indication that no problems are known for the patient recorded as structured data.	Numerator = 100 Denominator = 101	<a href="#">Edit</a>
Generate and transmit permissible prescriptions written by the EP are transmitted electronically using certified EHR technology.	More than 40% of all permissible prescriptions written by the EP are transmitted electronically using certified EHR technology.	Numerator = 100 Denominator = 101	<a href="#">Edit</a>
Maintain active medication list.	More than 80% of all unique patients seen by the EP have at least one entry (or an indication that the patient is not currently prescribed any medication) recorded as structured data.	Numerator = 100 Denominator = 101	<a href="#">Edit</a>
Maintain active medication allergy list.	More than 80% of all unique patients seen by the EP have at least one entry (or an indication that the patient has no known medication allergies) recorded as structured data.	Numerator = 100 Denominator = 101	<a href="#">Edit</a>
Record all of the following demographics: Preferred language Gender Race Ethnicity Date of birth	More than 50% of all unique patients seen by the EP have demographics recorded as structured data.	Numerator = 100 Denominator = 101	<a href="#">Edit</a>
Record and chart changes in vital signs: Height Weight Blood pressure Calculate and display body mass index (BMI) Plot and display growth charts for children 2-20 years, including BMI.	More than 50% of all unique patients age 2 and over seen by the EP, height, weight and blood pressure are recorded as structure data.	Numerator = 100 Denominator = 102	<a href="#">Edit</a>

To edit information, select the **Edit** button next to the measure that you would like to edit. Please select the **Previous** button to go back a topic or the **Next Topic** button to proceed to the next topic. Select the **Return to Attestation Summary** button to return to the Attestation Summary page. Select the **Continue with Attestation** button to skip viewing the Attestation Summary and proceed with your attestation.

[Previous](#)

[Next Topic](#)

[Return to Attestation Summary](#)

[Continue with Attestation](#)

## STEPS

Steps click **Next** Topic to review the remaining summary of measures

You may **Edit** any measure from this screen

Click on **Continue with Attestation** to skip viewing the summary of measures and proceed with your attestation



## TIPS

Click **Return to Attestation summary** to view the topics page

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

## Step 33 – Submission Process: Attestation Statements

Medicare & Medicaid EHR Incentive Program  
Registration and Attestation System

My Account | Log Out | Help

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### Submission Process: Attestation Statements

**Attestation Statements**

You are about to submit your attestation for EHR Certification Number 000000000000

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

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

Please select the **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**

**Your Name**  
Tax Identifier: XXX-XX-6224 (SSN)  
NPI: 00000000000  
Program Year: 2012

## 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**

Home | Registration | **Attestation** | Status

### Submission Process: Confirm Submission

**Confirmation Page**

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

**Name:** John Doe, MD  
**TIN:** XXX-XX-6224 (SSN)  
**NPI:** 0000000000  
**EHR Certification Number:** 00000000000000  
**EHR Reporting Period:** 01/01/2012-04/01/2012

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

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

**Submit Attestation** **Exit**

**Your Name**  
Tax Identifier: XXX-XX-6224 (SSN)  
NPI: 0000000000  
Program Year: 2012



## 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 34 – Attestation Disclaimer

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

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

Welcome Your Name

**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.

## 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 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

.....

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

## Step 35 – Submission Receipt (Accepted Attestation)

Home Registration **Attestation** Status

### Submission Receipt

**Accepted Attestation**  
The EP demonstrates meaningful use of certified EHR technology by meeting the applicable objectives and associated measures.

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

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

Please select the **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: 1000041378  
Name: John Doe, MD  
TIN: XXX-XX-6224 (SSN)  
NPI: 0000000000  
EHR Certification Number: 00000000000000  
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.

**Your Name**  
Tax Identifier: XXX-XX-6224 (SSN)  
NPI: 0000000000  
Program Year: 2012

### 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

2	Meaningful Use Core Measures	Completed	▶
3	Meaningful Use Menu Measures	Completed	▶
4	Clinical Quality Measures	Completed	▶
5	Alternate Core Clinical Quality Measures	Completed	▶
6	Additional Clinical Quality Measures	Completed	▶

### Attestation Summary

2 Meaningful Use Core Measures

**Your Name**  
Tax Identifier: XXX-XX-6224 (SSN)  
NPI: 0000000000  
Program Year: 2012

Objective	Measure	Entered	Status
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.	96%	Accepted



### 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 35 – Submission Receipt (Rejected Attestation)

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

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

Welcome Your Name

**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:** 1000041378  
**Name:** John Doe, MD  
**TIN:** XXX-XX-6224 (SSN)  
**NPI:** 0000000000  
**EHR Certification Number:** 00000000000000  
**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**

2	<a href="#">Meaningful Use Core Measures</a>	Rejected
3	<a href="#">Meaningful Use Menu Measures</a>	Completed
4	<a href="#">Clinical Quality Measures</a>	Rejected
5	<a href="#">Alternate Core Clinical Quality Measures</a>	Completed
6	<a href="#">Additional Clinical Quality Measures</a>	Completed

### 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 36 – Summary of Measures – Rejected Attestation

**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: XXX-XX-3568 (SSN)  
NPI: 0000000000  
Program Year: XXXX

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	

### Summary of Meaningful Use Core Measures

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

Your Name  
Tax Identifier: XXX-XX-3568 (SSN)  
NPI: 0000000000  
Program Year: XXXX

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

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

Previous | Next Topic | Review Results

## 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 37 – Medicare Attestation – Resubmission

Medicare & Medicaid EHR Incentive Program Registration and Attestation System

Home | Help | Log Out

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

**Medicare Attestation**

Medicare Attestation Instructions

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

Medicare & Medicaid EHR Incentive Program Registration and Attestation System

My Account | Log Out | Help

Welcome Your Name

Home | Registration | **Attestation** | Status

**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. The Alternate Core Clinical Quality Measures (CQM) topic is only required when a Core CQM has a denominator of zero. Select the **TOPIC** and provide the required information. The system will show when each **TOPIC** is completed.

1	<u>Attestation Information</u>	<u>Completed</u>	▶
2	<u>Meaningful Use Core Measures</u>	<u>Completed</u>	▶
3	<u>Meaningful Use Menu Measures</u>	<u>Completed</u>	▶
4	<u>Clinical Quality Measures</u>	<u>Completed</u>	▶
5	<u>Alternate Core Clinical Quality Measures</u>	<u>Completed</u>	▶
6	<u>Additional Clinical Quality Measures</u>	<u>Completed</u>	▶

**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.

**Your Name**  
Tax Identifier: XXX-XX-3568 (SSN)  
NPI: 0000000000  
Program Year: XXXX

**Continue with Attestation** ▶

## 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 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

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 38 – Topics for Attestation – Resubmission

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

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

Welcome Your Name

**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. The Alternate Core Clinical Quality Measures (CQM) topic is only required when a Core CQM has a denominator of zero. Select the **TOPIC** and provide the required information. The system will show when each **TOPIC** is completed.

1	<a href="#">Attestation Information</a>	Completed
2	<a href="#">Meaningful Use Core Measures</a>	Completed
3	<a href="#">Meaningful Use Menu Measures</a>	Completed
4	<a href="#">Clinical Quality Measures</a>	Completed
5	<a href="#">Alternate Core Clinical Quality Measures</a>	Completed
6	<a href="#">Additional Clinical Quality Measures</a>	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](#)

**Your Name**  
Tax Identifier: XXX-XX-3568 (SSN)  
NPI: 0000000000  
Program Year: XXXX

## 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 38 – Topics for Attestation – Resubmission (cont.)

Home Registration **Attestation** Status

### Attestation Summary

2 **Meaningful Use Core Measures**

Your Name  
Tax Identifier: XXX-XX-6224 (SSN)  
NPI: 0000000000  
Program Year: 2012

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	<b>Edit</b>

### STEPS

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

Home Registration **Attestation** Status

### Meaningful Use Core Measures

Questionnaire: (1 of 15)  
(\*) Red asterisk indicates a required field.

Your Name  
Tax Identifier: XXX-XX-6224 (SSN)  
NPI: 0000000000  
Program Year: 2012

Objective: Use Computerized Provider Order Entry (CPOE) for medication orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines.

Measure: More than 30% of all unique patients with at least one medication in their medication list seen by the EP have at least one medication order entered using Computerized Provider Order Entry (CPOE).

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

\*Does this exclusion apply to you?

☐ Yes ☒ No

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

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

Complete the following information:

**Numerator** The number of patients in the denominator that have at least one medication order entered using Computerized Provider Order Entry (CPOE).

**Denominator** Number of unique patients with at least one medication in their medication list seen by the EP during the EHR reporting period.

\*Numerator: 100 \*Denominator: 101

2 **Meaningful Use Core Measures**

3 **Meaningful Use Menu Measures**

4 **Clinical Quality Measures**

5 **Alternate Core Clinical Quality Measures**

6 **Additional Clinical Quality Measures**



### 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 39 – Attestation Statements and Confirmation Page – Resubmission



Medicare & Medicaid EHR Incentive Program  
Registration and Attestation System

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

Welcome Your Name

### STEPS

Check each box next to each statement to attest 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 000000000000

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

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

Please select the **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).

**Submission Process: Confirm Submission**

**Confirmation Page**

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

**Name:** John Doe, MD  
**TIN:** XXX-XX-6224 (SSN)  
**NPI:** 000000000000  
**EHR Certification Number:** 00000000000000  
**EHR Reporting Period:** 01/01/2012-04/01/2012

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

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



### 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 40 – 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 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. All disclosures 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 integrity 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 provide necessary information will result in delay in an incentive payment and may 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 by the Medicare EHR Incentive Program. The Patient Protection and Affordable Care Act, Section 6402, Section 1128J, provides penalties for willful misstatements.

[Agree](#)

[Disagree](#)

#### Your Name

Tax Identifier: XXX-XX-6224 (SSN)

NPI: 0000000000

Program Year: 2012

## STEPS

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

Click **Attest**

### Attestation

#### Medicare Attestation Instructions

Welcome to the Medicare Attestation Page. Medicare providers must attest using this system. Attestation for the Medicare 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:

<b>Attest</b>	Begin Medicare attestation to meaningful use of EHR technology
<b>Modify</b>	Modify a previously started Medicare attestation that has not yet been submitted
<b>Cancel</b>	Inactivate a Medicare attestation prior to receiving an EHR incentive payment
<b>Resubmit</b>	Resubmit a failed or rejected Medicare attestation
<b>Reactivate</b>	Reactivate a canceled Medicare attestation
<b>View</b>	Review the Medicare attestation summary of measures after submission
<b>Not Available</b>	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.

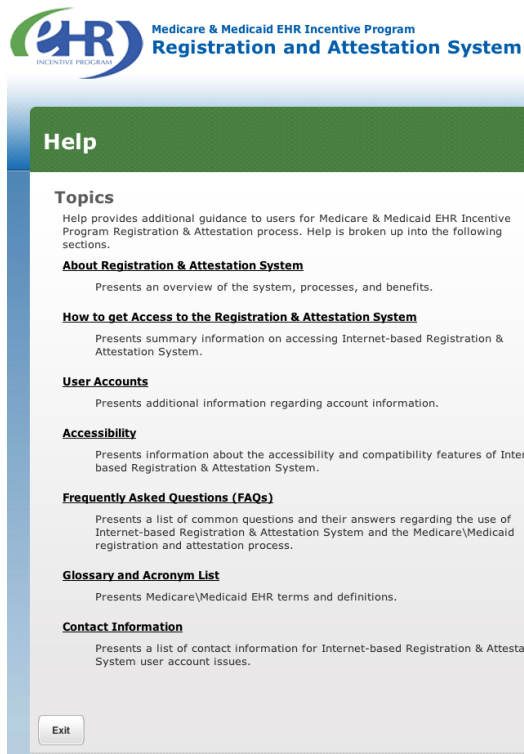
Name	Tax Identifier	National Provider Identifier (NPI)	Medicare Attestation Status	Program Year	Payment Year	Action
John Doe, MD	XXX-XX-3568 (SSN)	0000000000				<a href="#">Attest</a>



### TIP

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

## Have Questions?



## STEPS

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



## 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/>

## 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



## NOTES:

**Register** for CMS  
Electronic Health Record Incentives

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