CMS
CENTERS for MEDICARE & MEDICAID SERVICES

ATTESTATION USER GUIDE

For Eligible Professionals

Medicare Electronic Health Record

(EHR) Incentive Program

JANUARY 2012

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

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Disclaimer:

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

Although every reasonable effort has been made to assure the accuracy of the information within these pages at the time of posting, the Medicare program is constantly changing, and it is the responsibility of each provider to remain abreast of the Medicare program requirements.

https://ehrincentives.cms.gov

Step 1 – 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.

STEPS

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

Click **Continue** to start the attestation process

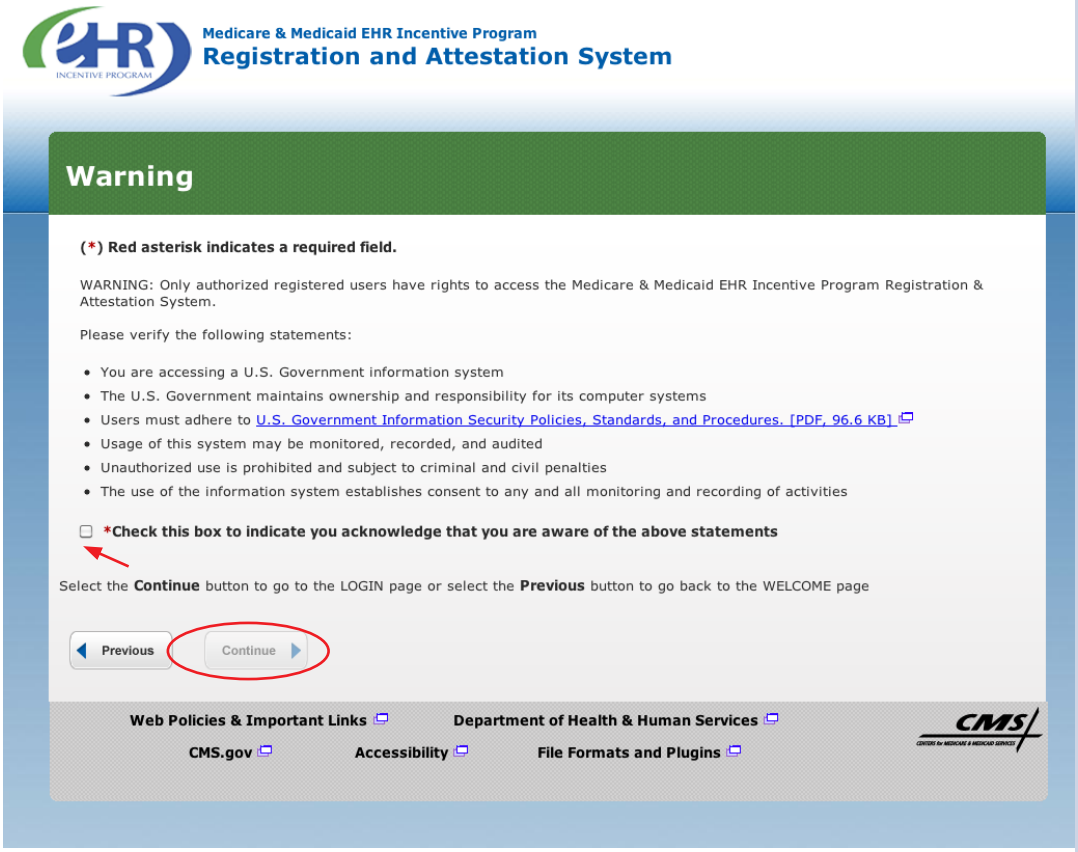
TIPS

To determine your eligibility, click on the CMS website

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

Step 1 - (Continue)

Carefully read the screen for important information.



STEPS

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

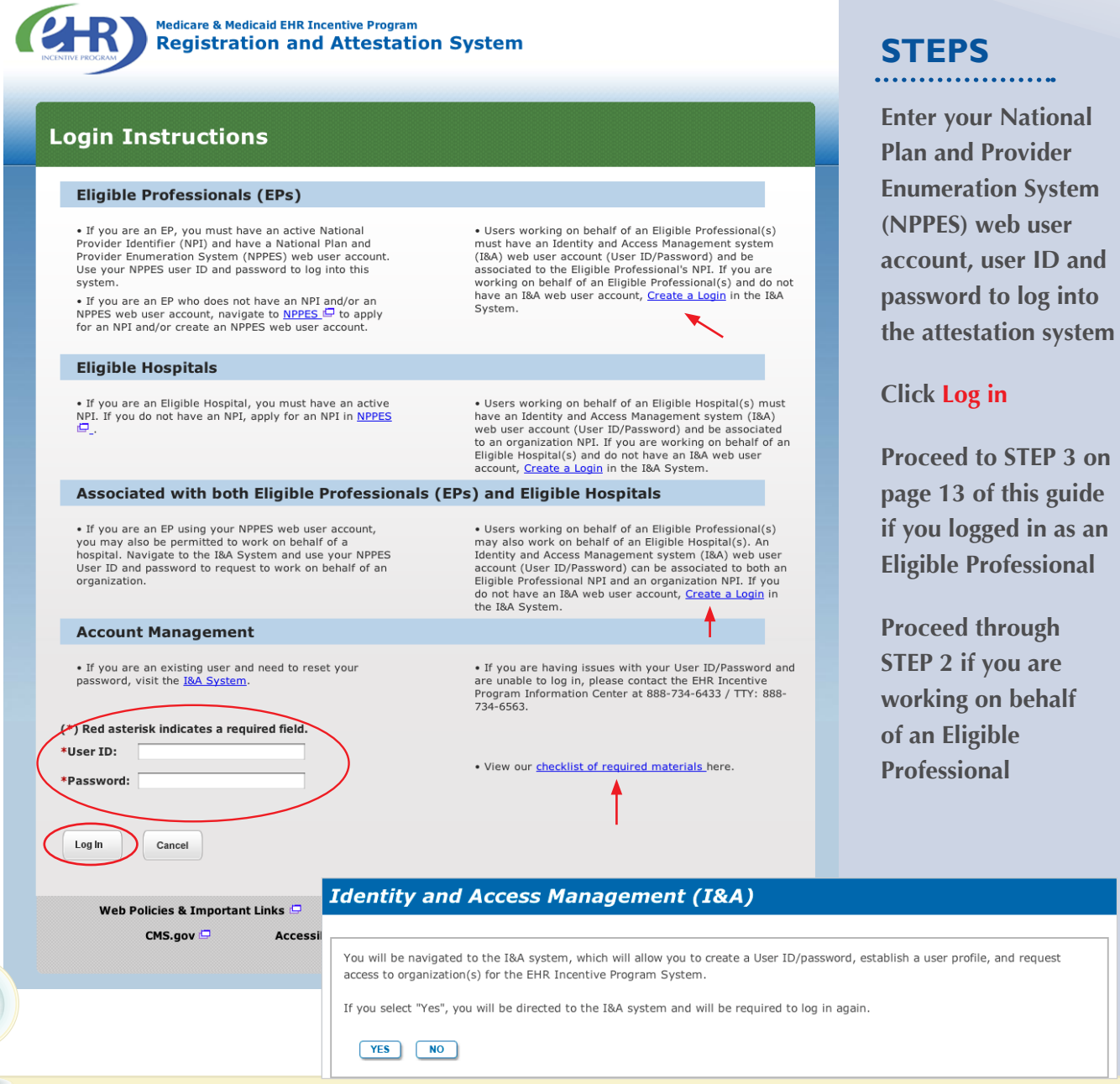
Click *Continue*

TIP

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

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

Step 2– Login Instructions



STEPS

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

Click **Log in**

Proceed to STEP 3 on page 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*

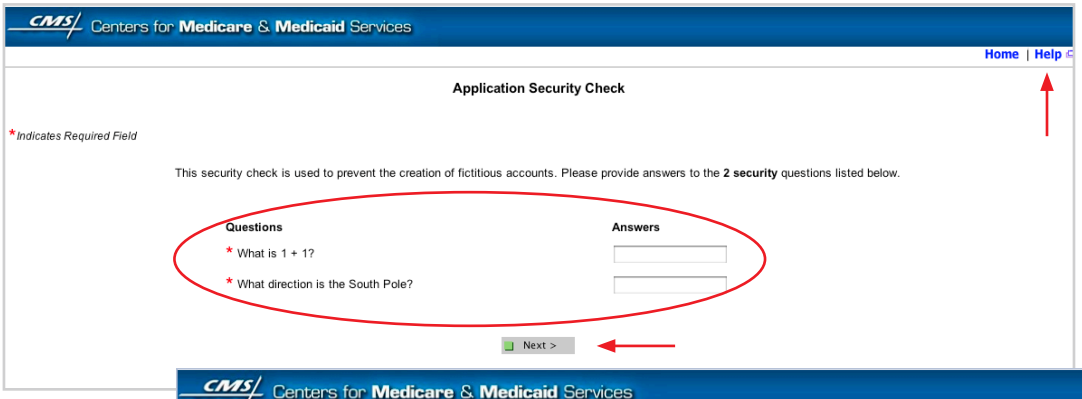
Contact the PECOS Help Desk if you cannot remember your password-(866) 484-8049/ TTY(866)523-4759, ***https://pecos.cms.hhs.gov***

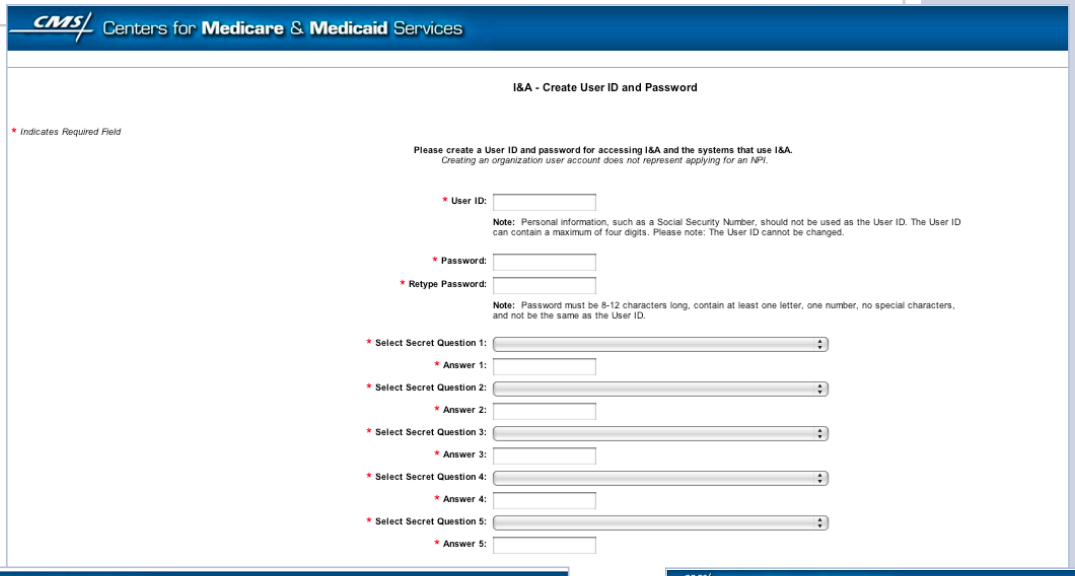
To locate your NPI number, visit; ***https://nppes.cms.hhs.gov/NPPES/NPIRegistryHome.do***

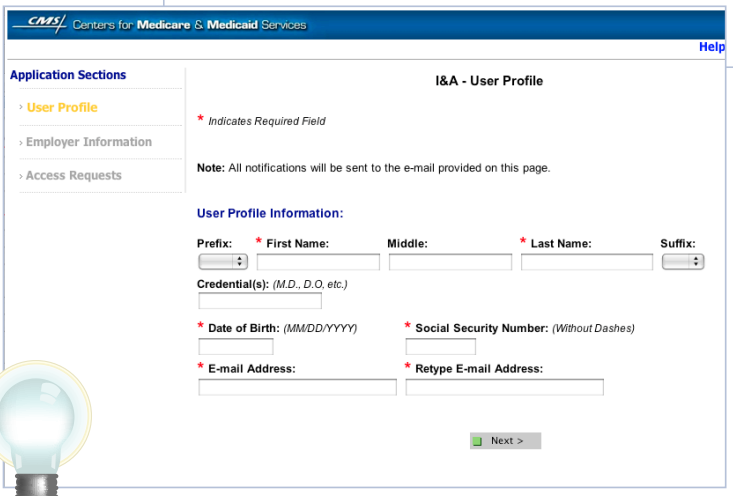
User name and password are case sensitive

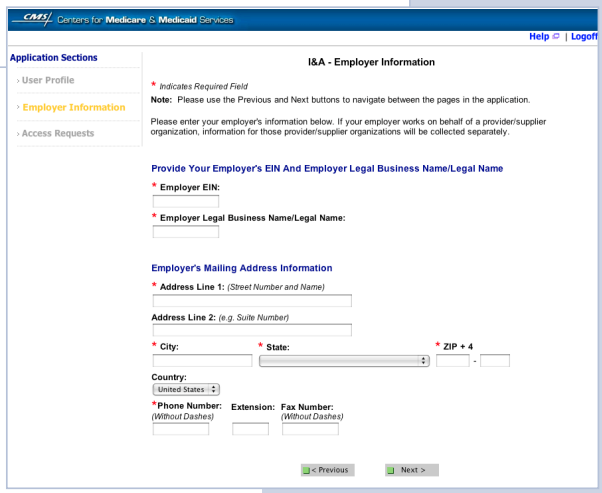
Step 2 – Login (Continued)

Working on Behalf of an Eligible Professional









STEPS

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

TIPS

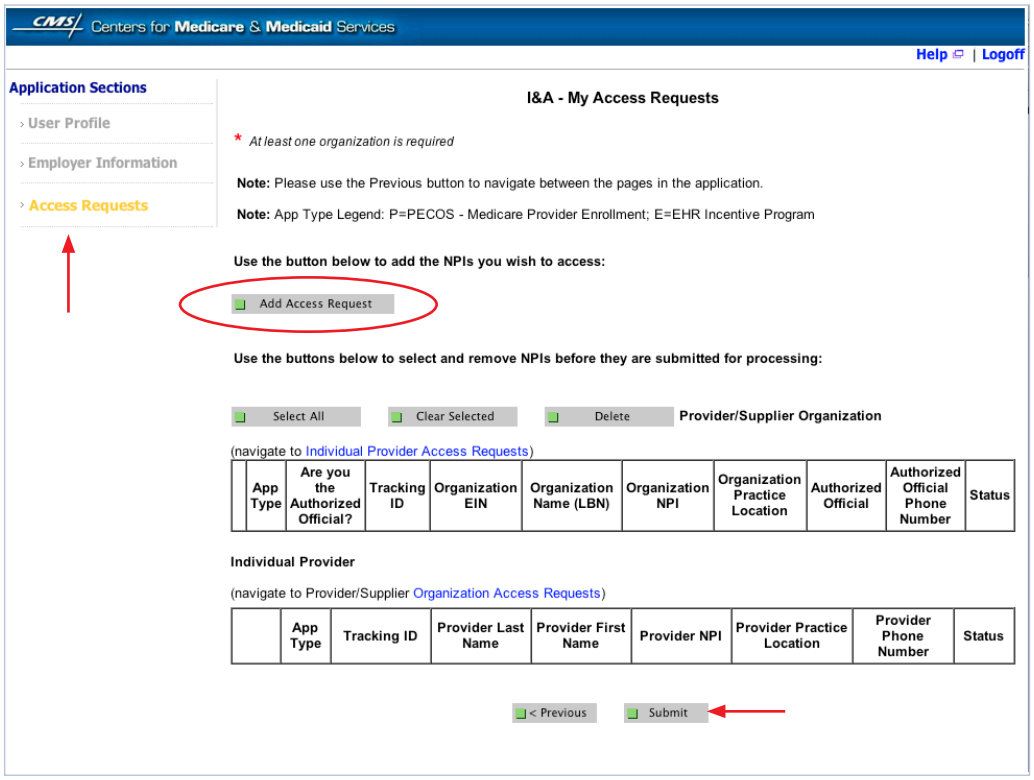
Click on the HELP tab at the top of the screen for help creating your I&A user name and password

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



STEPS

Click on Access Requests

Click Add Access Request

Click **Submit**

TIPS

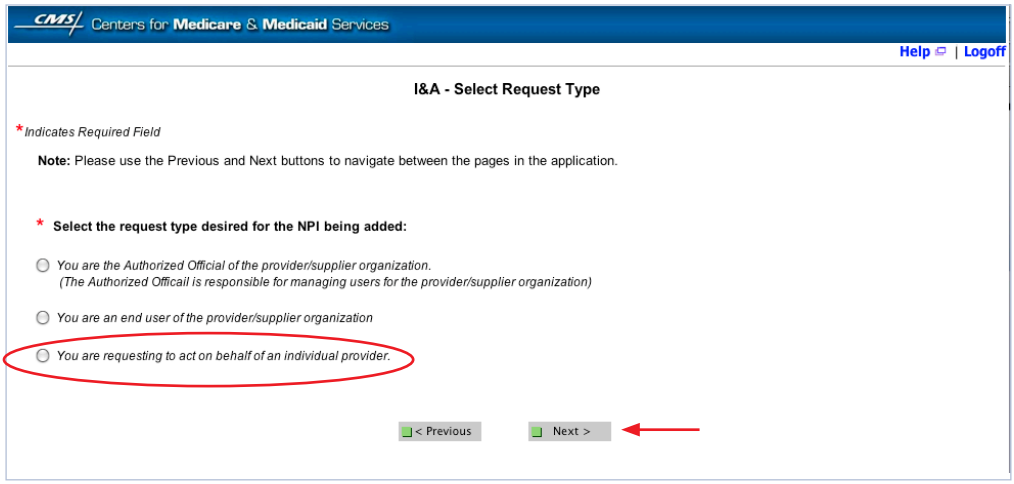
At least one NPI is required to assign access

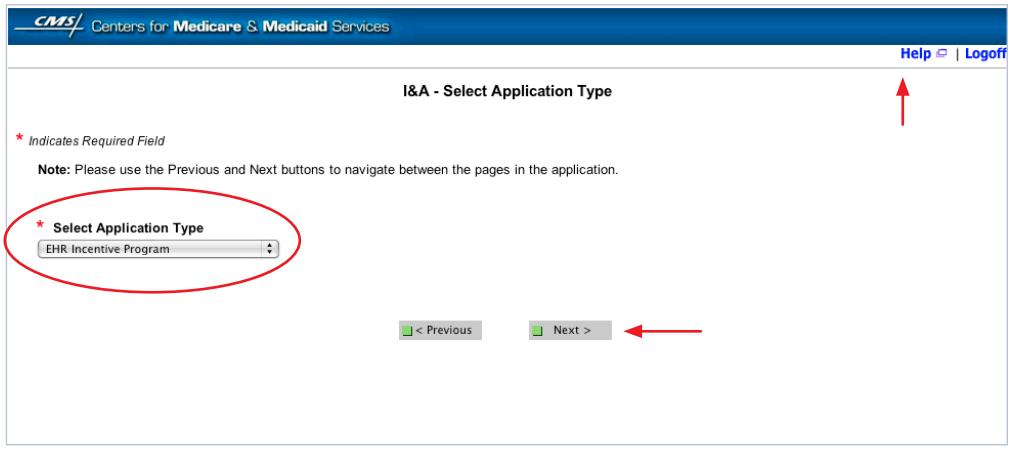
Use the Previous button to navigate between pages in the system

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**

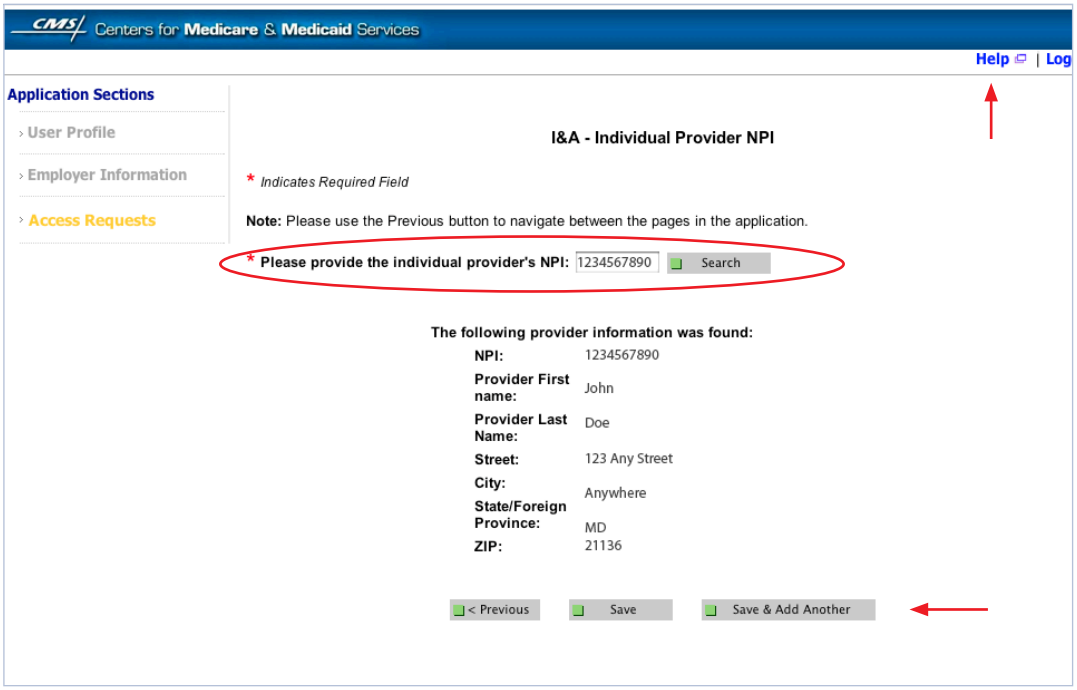
TIPS

Click on HELP for additional guidance to navigate the system

The Help link is on every page

Step 2 – Login (Continued)

Working on Behalf of an Eligible Professional



STEPS

Enter 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

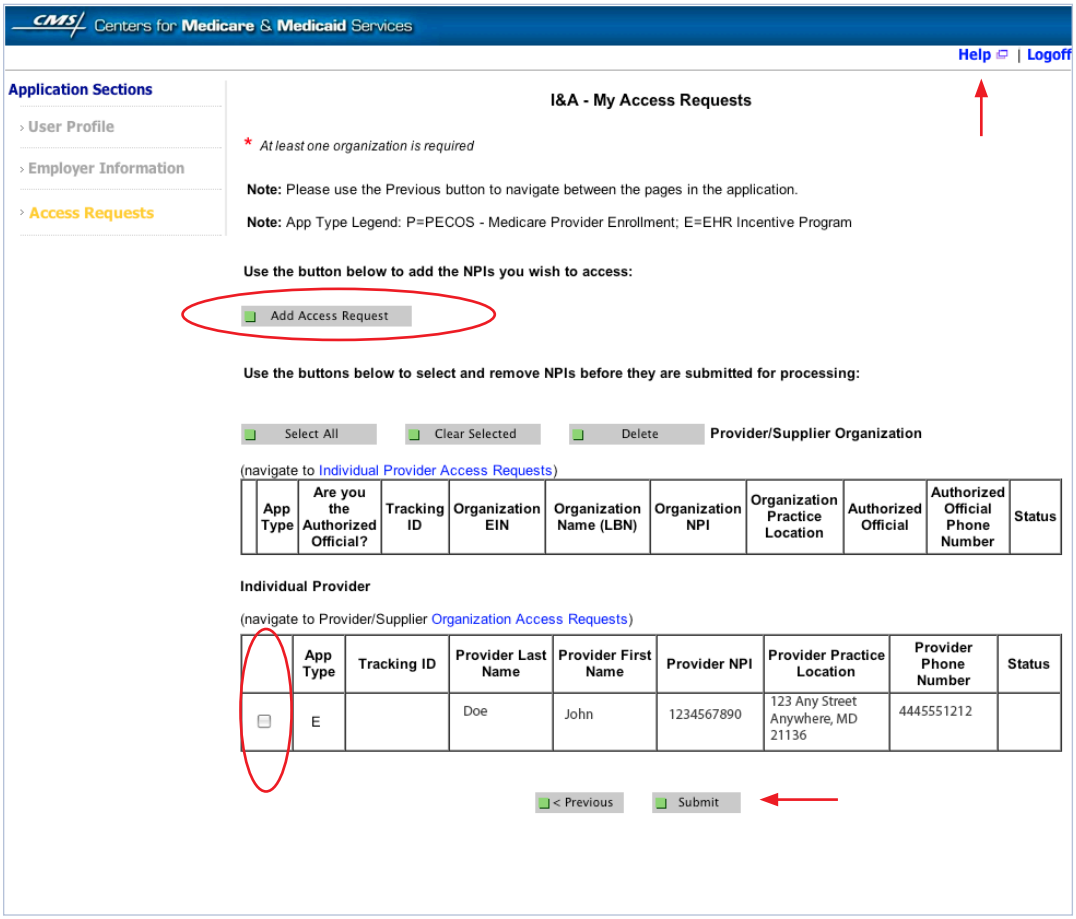
Clicking Previous will take you back to the 'Select Application Type' page

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



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** button to add the NPIs you wish to access

Click **Submit**

TIPS

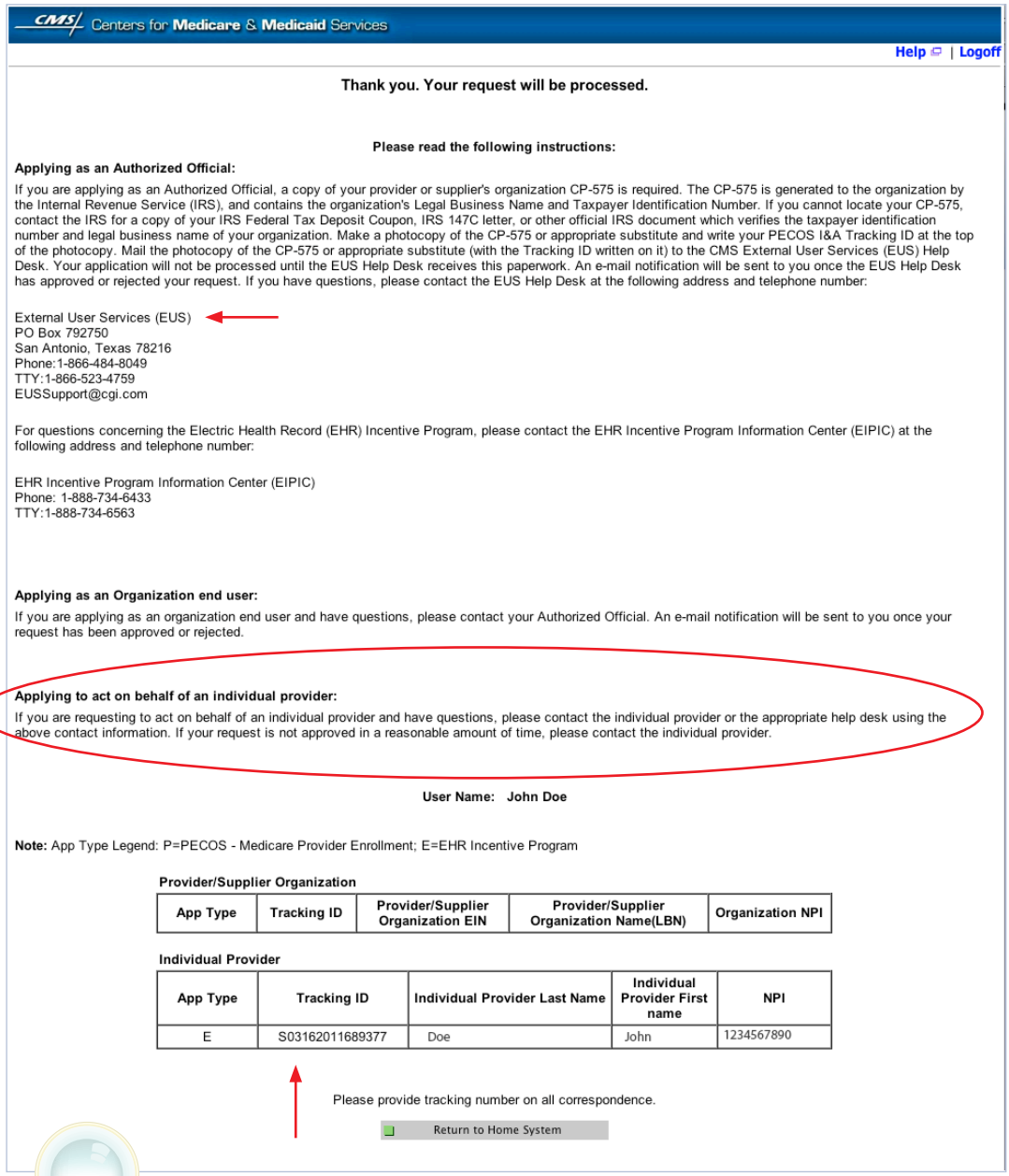
Clicking Previous will take you back to the "Select Application Type" page

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



CMS 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

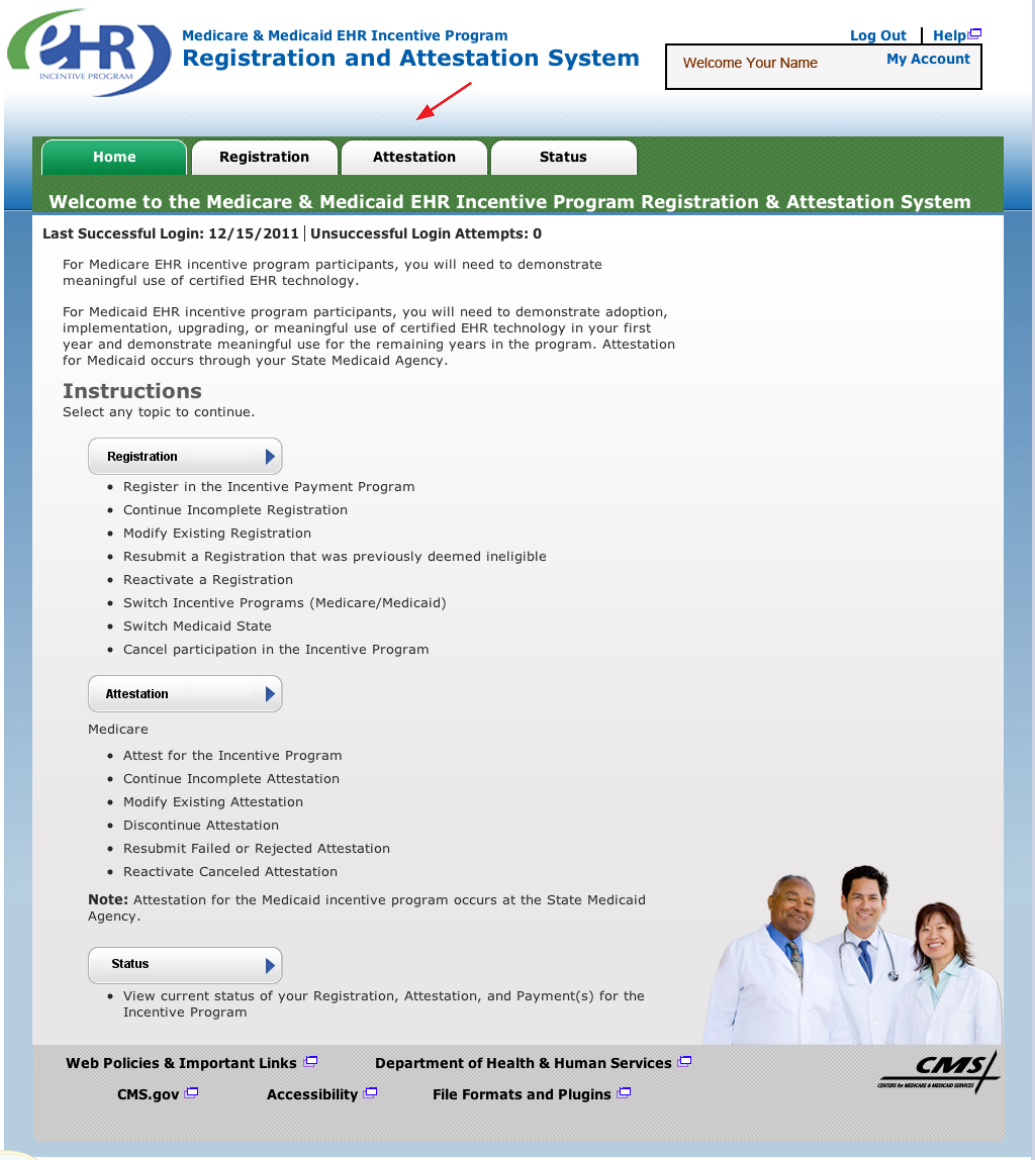
A proxy user may only register and attest for 1,000 eligible professionals

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".



STEPS

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

TIPS

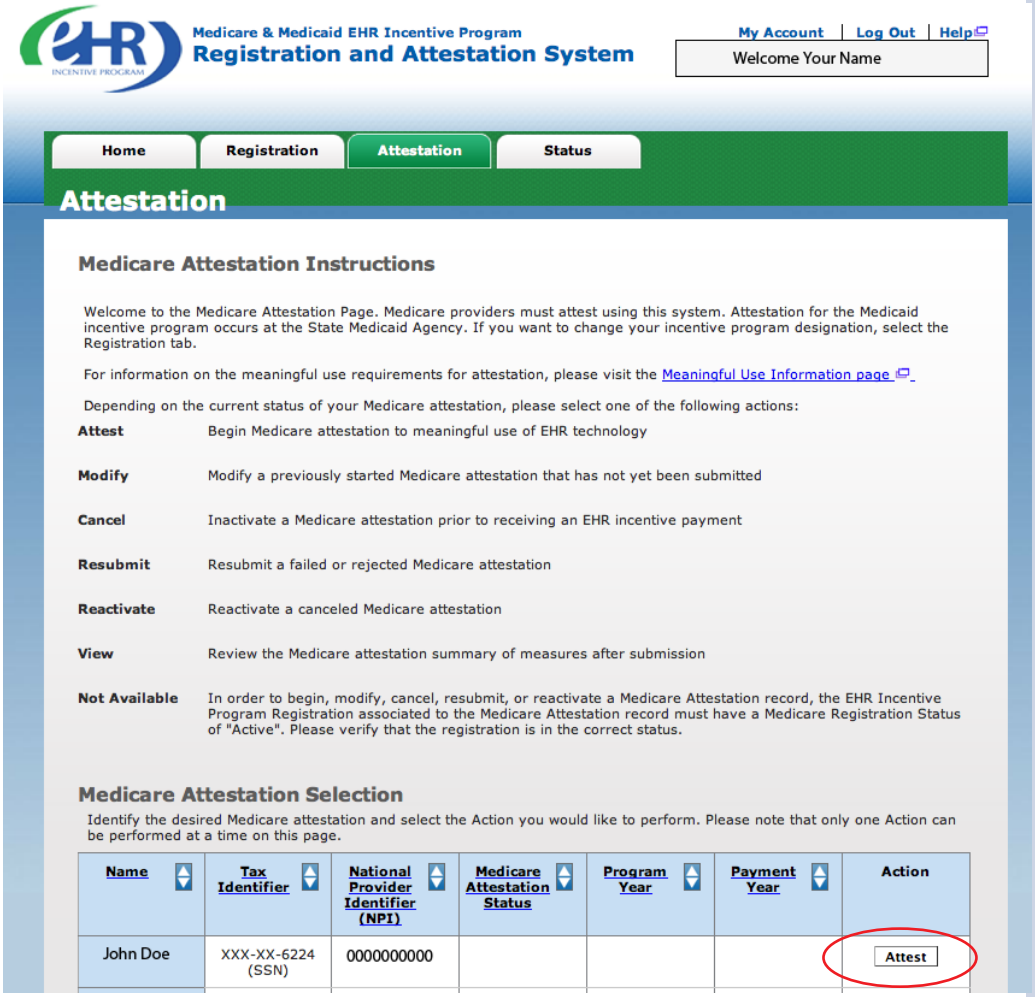
The Welcome screen consists of four tabs to navigate through the registration and attestation process

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

Meaningful Use information:
https://www.cms.gov/EHRIncentivePrograms/30_Meaningful_Use.asp

Step 4 – Attestation Instructions

Follow the registration instructions below.



STEPS

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

TIPS

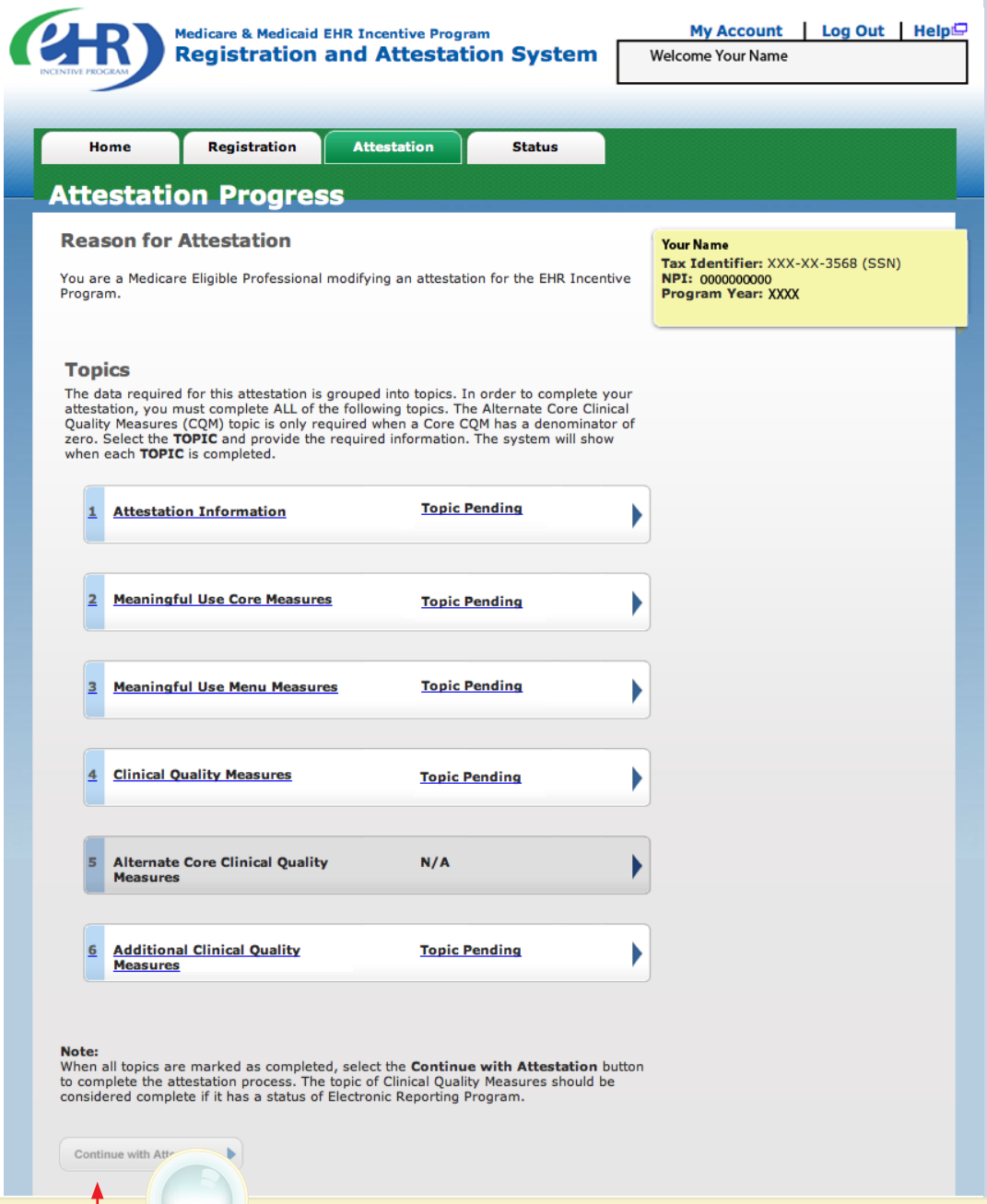
"Resubmit", "Modify", "Cancel" and "Reactivate" are the available Action web links for returning users

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.



STEPS

Click on

Topic 1- "Attestation Information" to begin the attestation process

TIPS

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

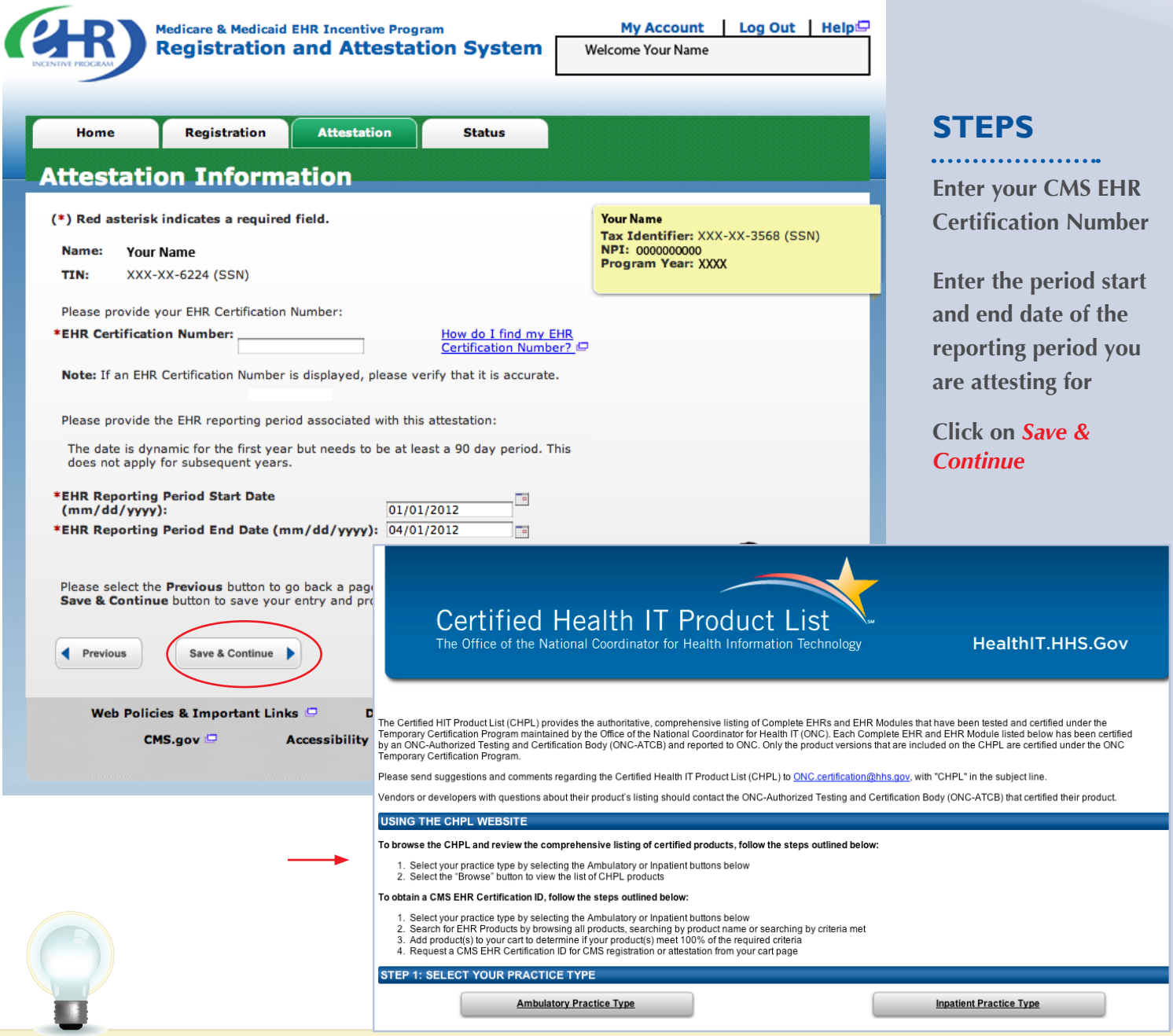
*When all topics are checked **completed** or **N/A** user can select **"Continue with Attestation"***

TOPICS PROGRESS

There are six topics that are required for attestation

1 2 3 4 5 6

Step 6 – Attestation Information



STEPS

Enter your CMS EHR Certification Number

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

Click on ***Save & Continue***

TIPS

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

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

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

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

TOPICS PROGRESS

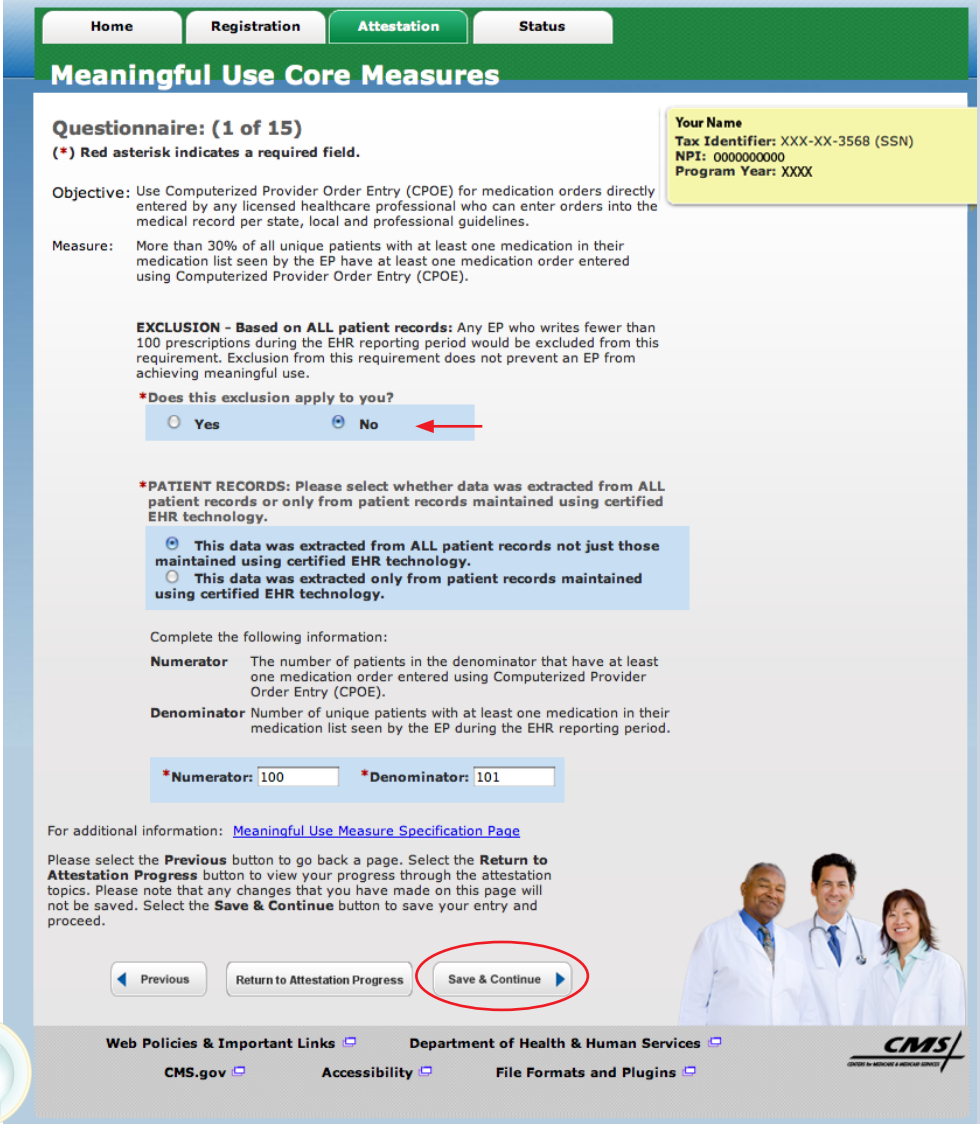
This is the first of six topics required for attestation

1 2 3 4 5 6

Step 7 –

Meaningful Use Core Measures Questionnaire (1 of 15)

Read the objective and measure and respond as appropriate.



STEPS

Select the appropriate option under Patient Records

Answer Yes or No to the Exclusion question

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

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

TIPS

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)*

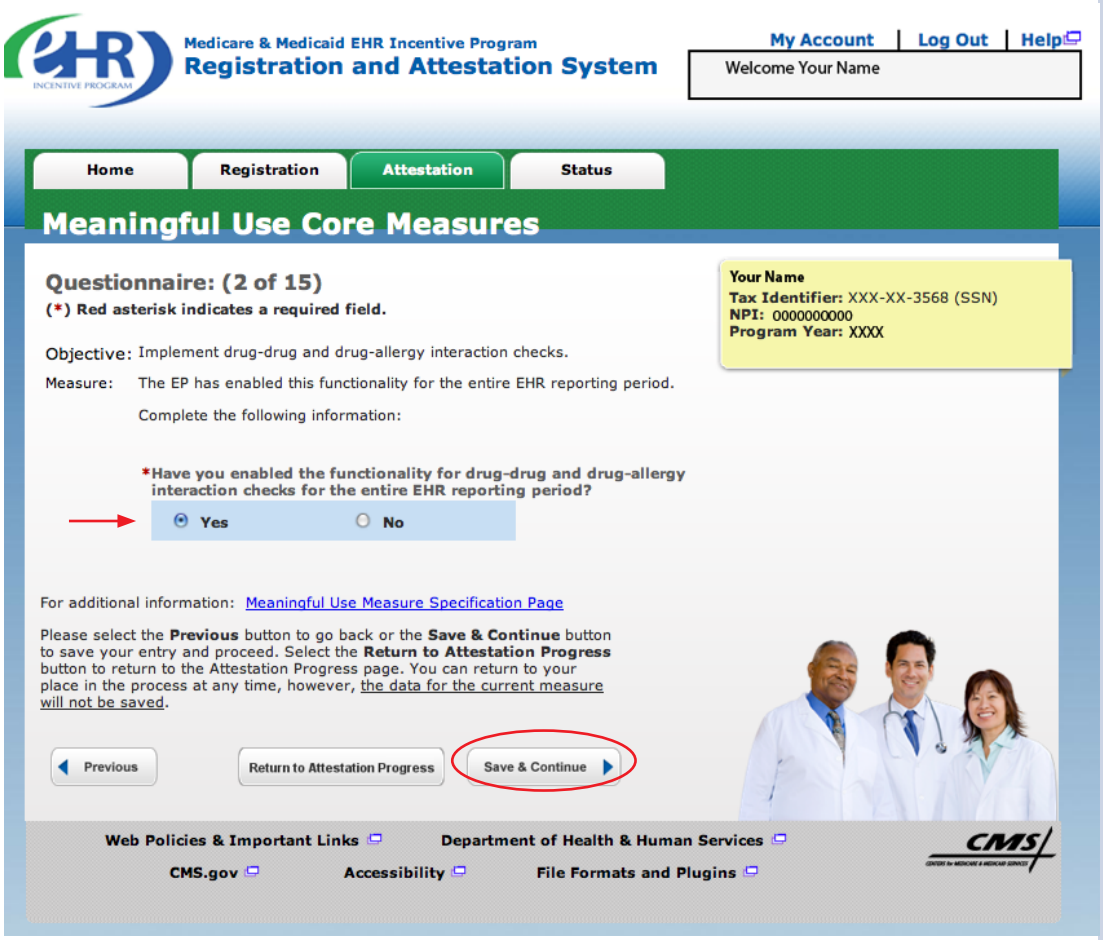
TOPICS PROGRESS

This is the second of six topics required for attestation

1 2 3 4 5 6

Step 8 –

Meaningful Use Core Measures Questionnaire (2 of 15)



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

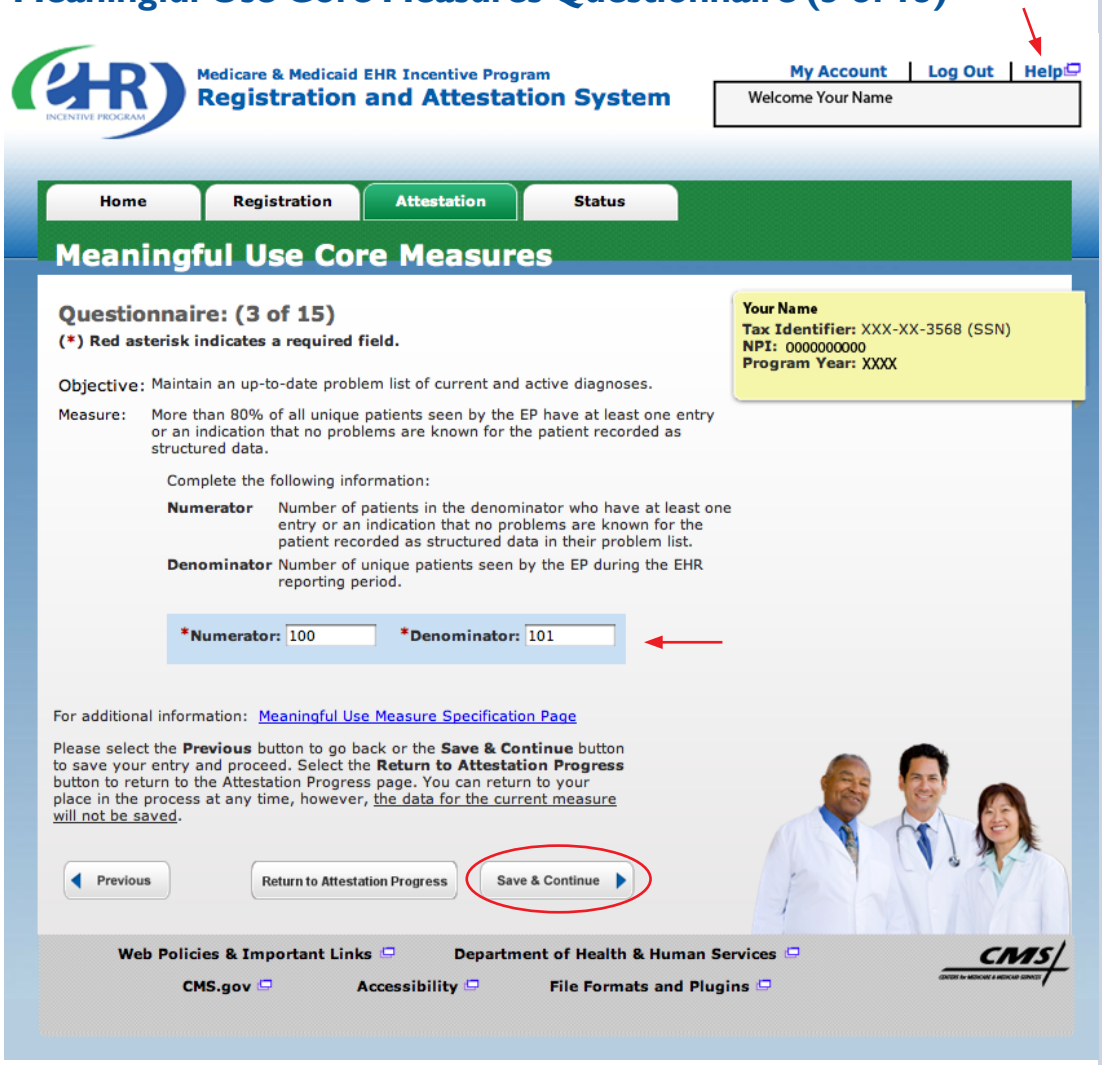
TOPICS PROGRESS

This is the second of six topics required for attestation

1 2 3 4 5 6

Step 9 –

Meaningful Use Core Measures Questionnaire (3 of 15)



STEPS

Enter the Numerator and Denominator

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

TIPS

Numerator and Denominator must be whole numbers

Click on HELP for additional guidance to navigate the system

The Help link is on every page

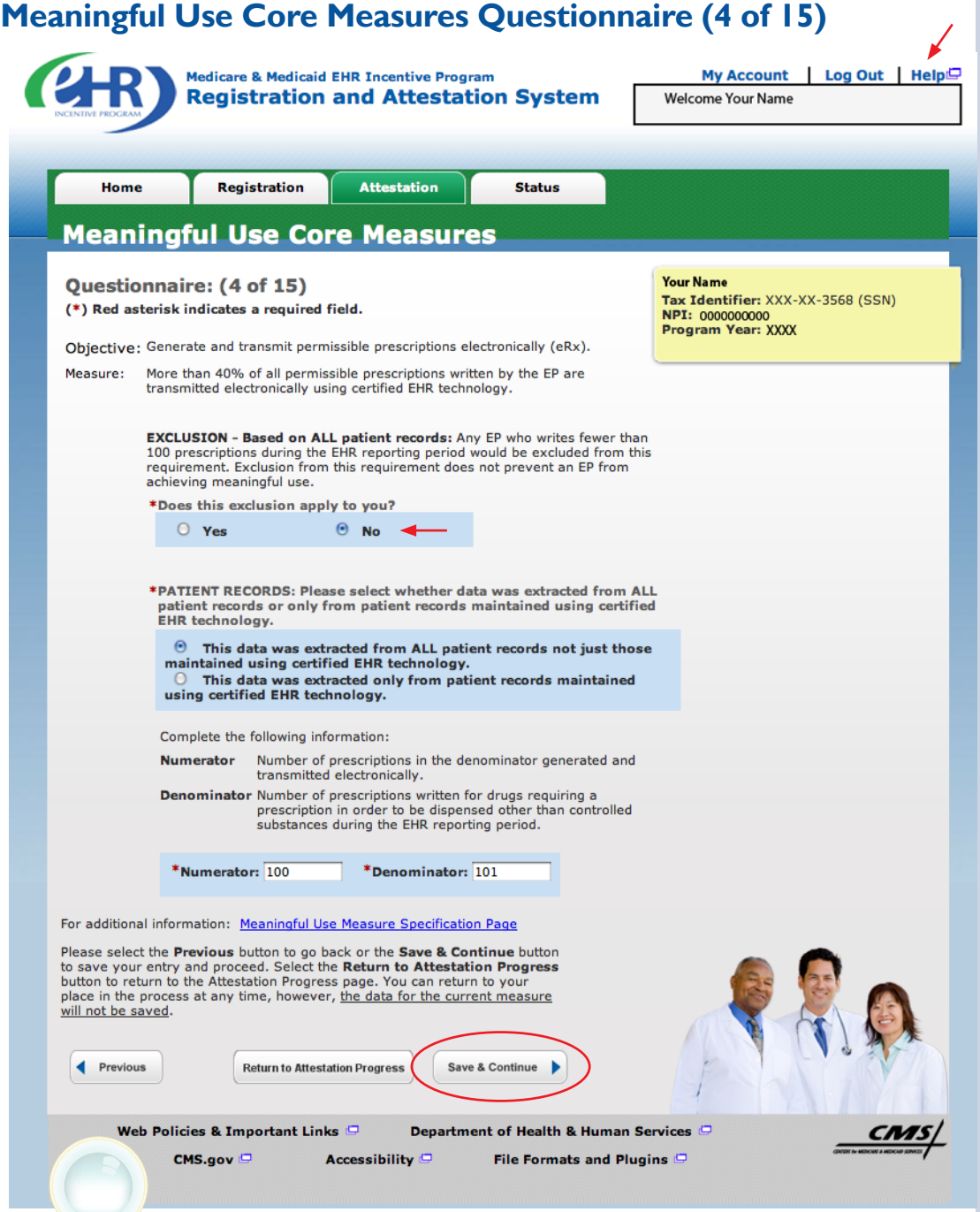
TOPICS PROGRESS

This is the second of six topics required for attestation

1 2 3 4 5 6

Step 10 –

Meaningful Use Core Measures Questionnaire (4 of 15)



STEPS

Select the appropriate option under Patient Records.

Answer Yes or No to the exclusion question

Enter the Numerator and Denominator

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

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

TIPS

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

Click on Help for additional guidance to navigate the system

The Help link is on every page

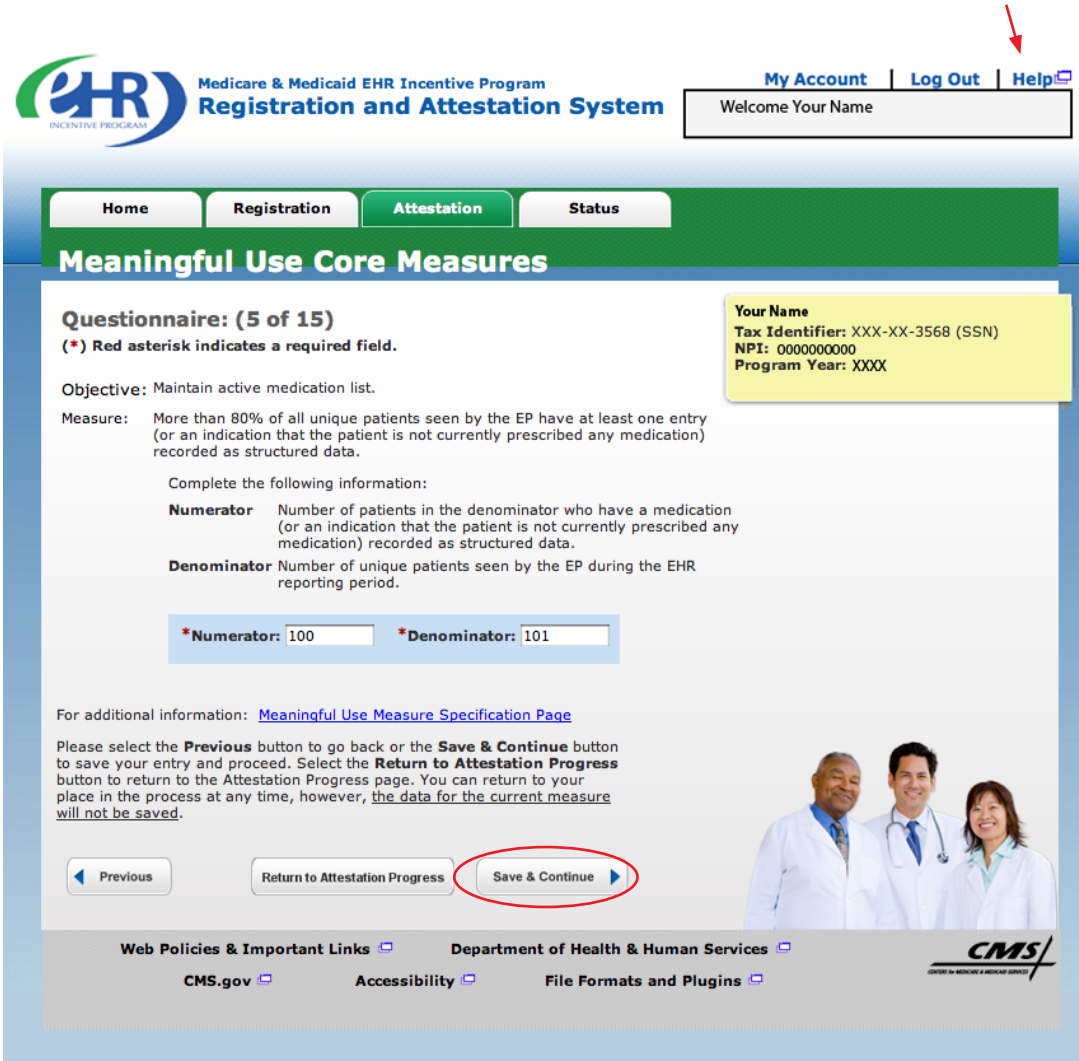
TOPICS PROGRESS

This is the second of six topics required for attestation

1 2 3 4 5 6

Step 11 –

Meaningful Use Core Measures Questionnaire (5 of 15)



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

Numerator and Denominator must be whole numbers

Click on Help for additional guidance to navigate the system

The Help link is on every page

TOPICS PROGRESS

This is the second of six topics required for attestation

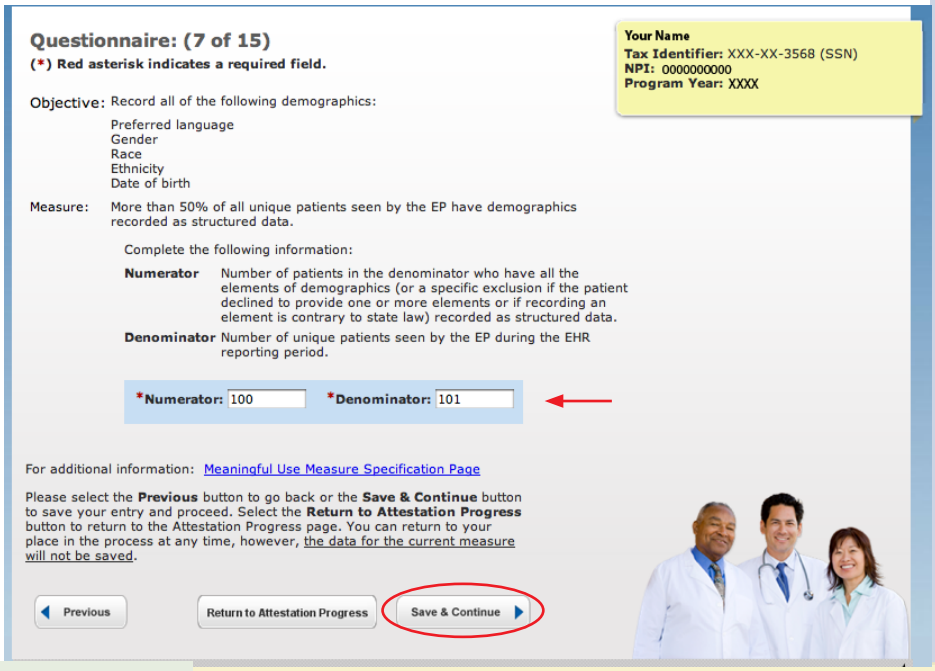
1 2 4 5 6

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

STEPS

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

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



STEPS

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

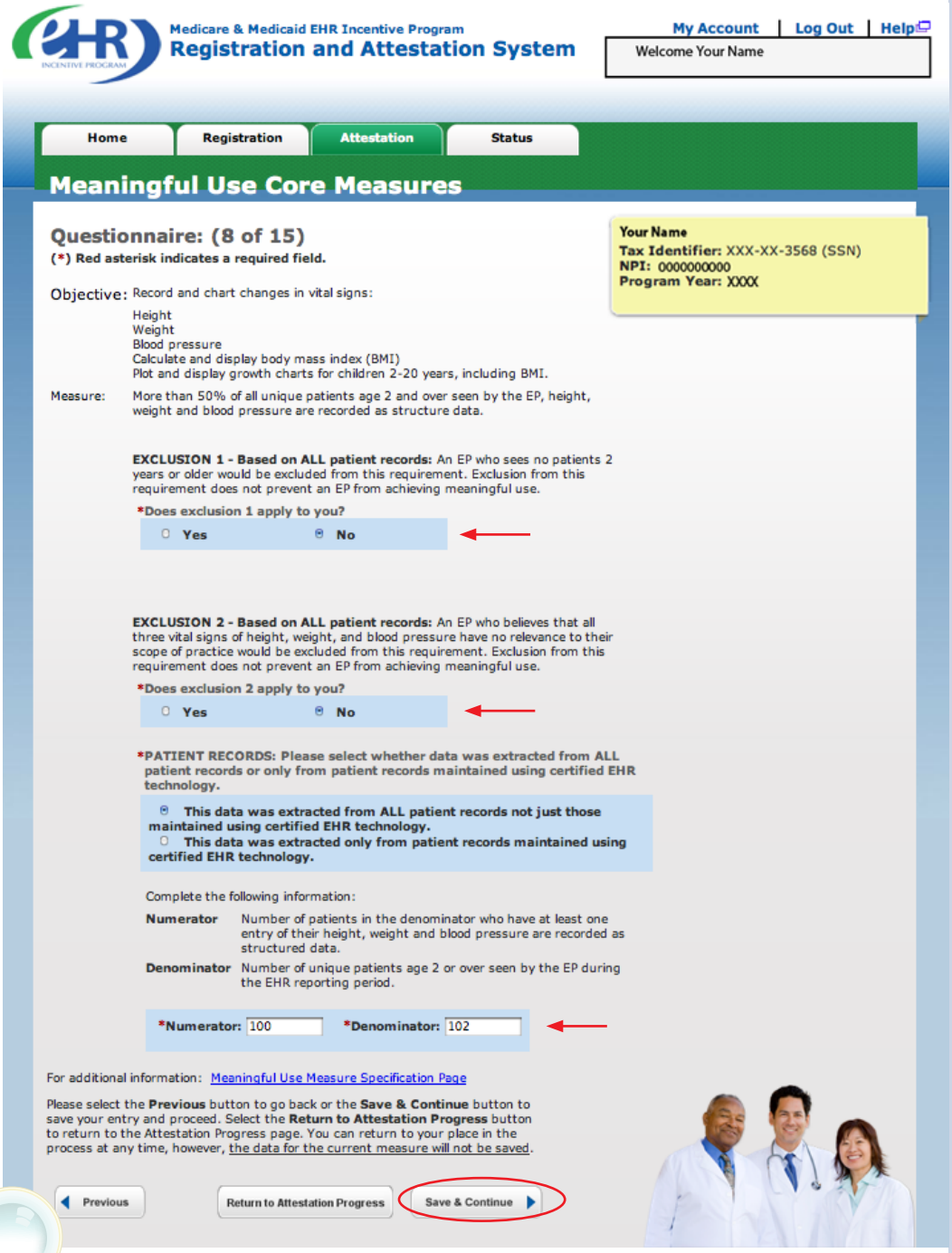
TOPICS PROGRESS

This is the second of six topics required for attestation

1 2 3 4 5 6

Step 14 –

Meaningful Use Core Measures Questionnaire (8 of 15)



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

Numerator and Denominator must be whole numbers

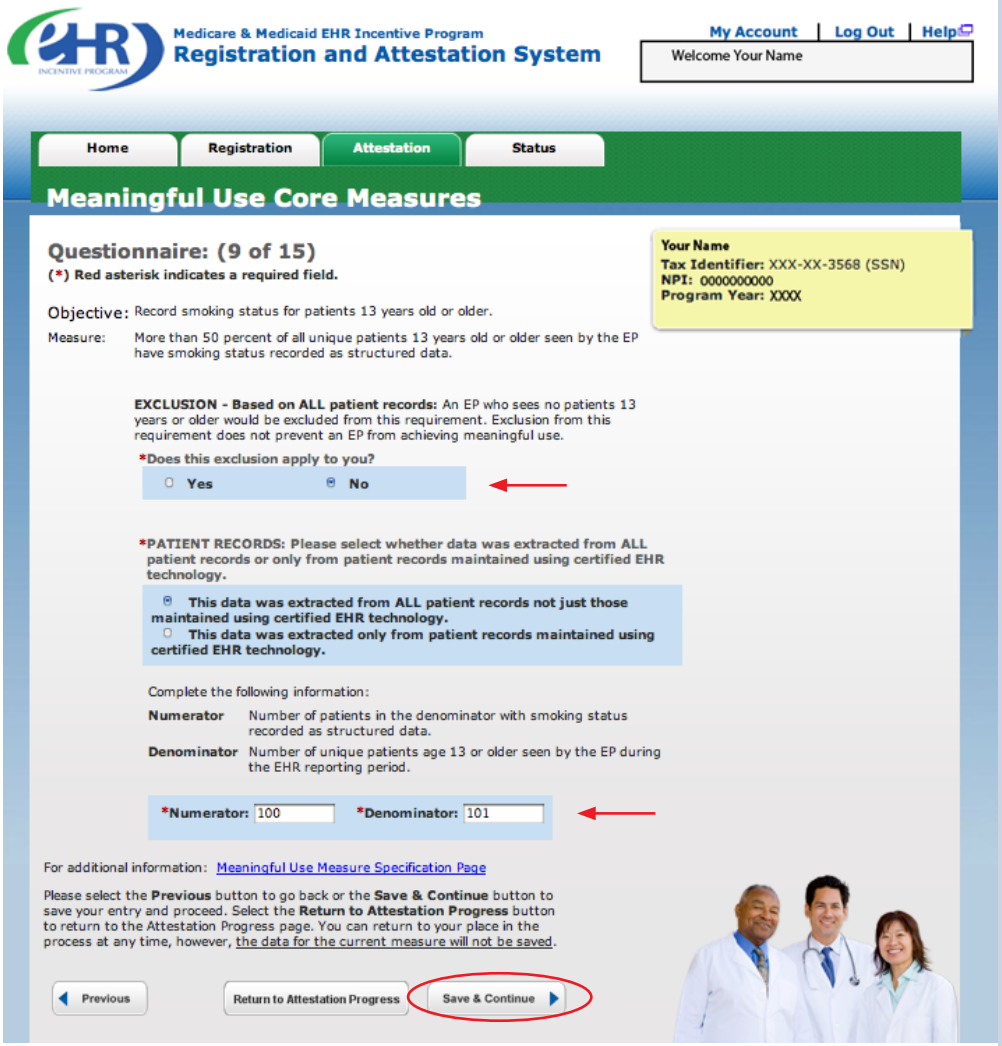
You may select the Previous button to go back

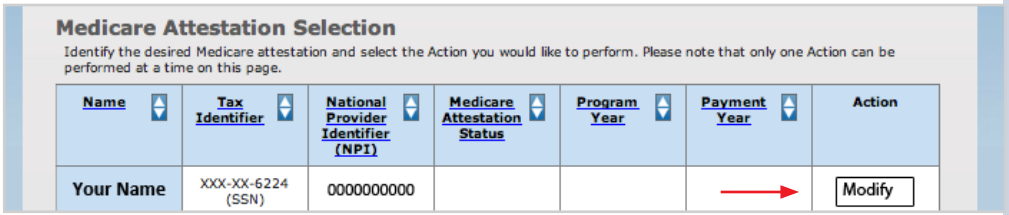
TOPICS PROGRESS

This is the second of six topics required for attestation

1 2 3 4 5 6

Step 15 –
Meaningful Use Core Measures Questionnaire (9 of 15)





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

TIPS

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

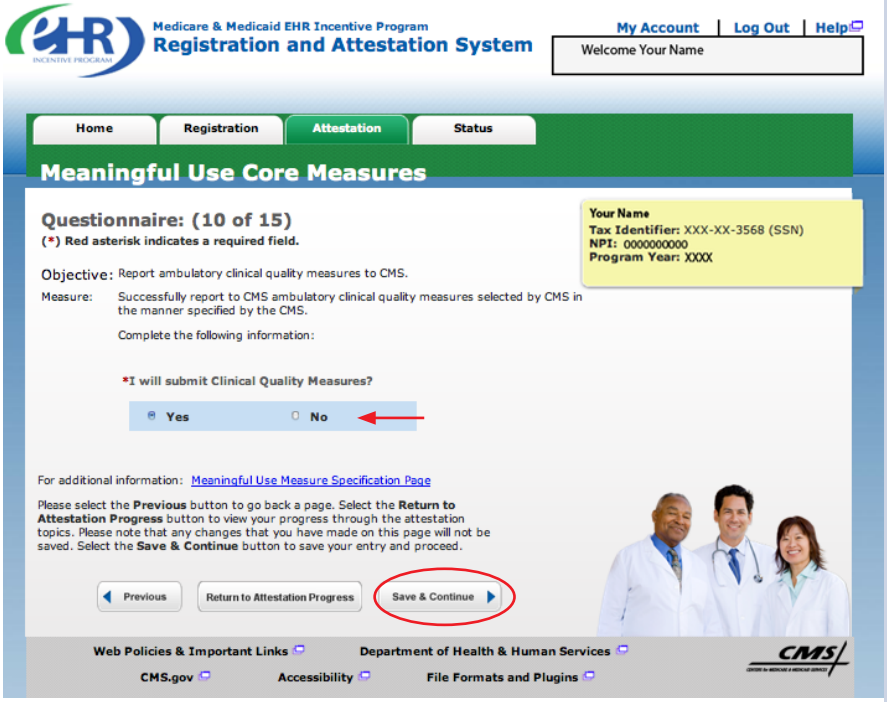
The completed topics have a check mark on the Topics screen

TOPICS PROGRESS

This is the second of six topics required for attestation

1 2 3 4 5 6

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



STEPS

Select Yes or No

Click Save & Continue

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

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

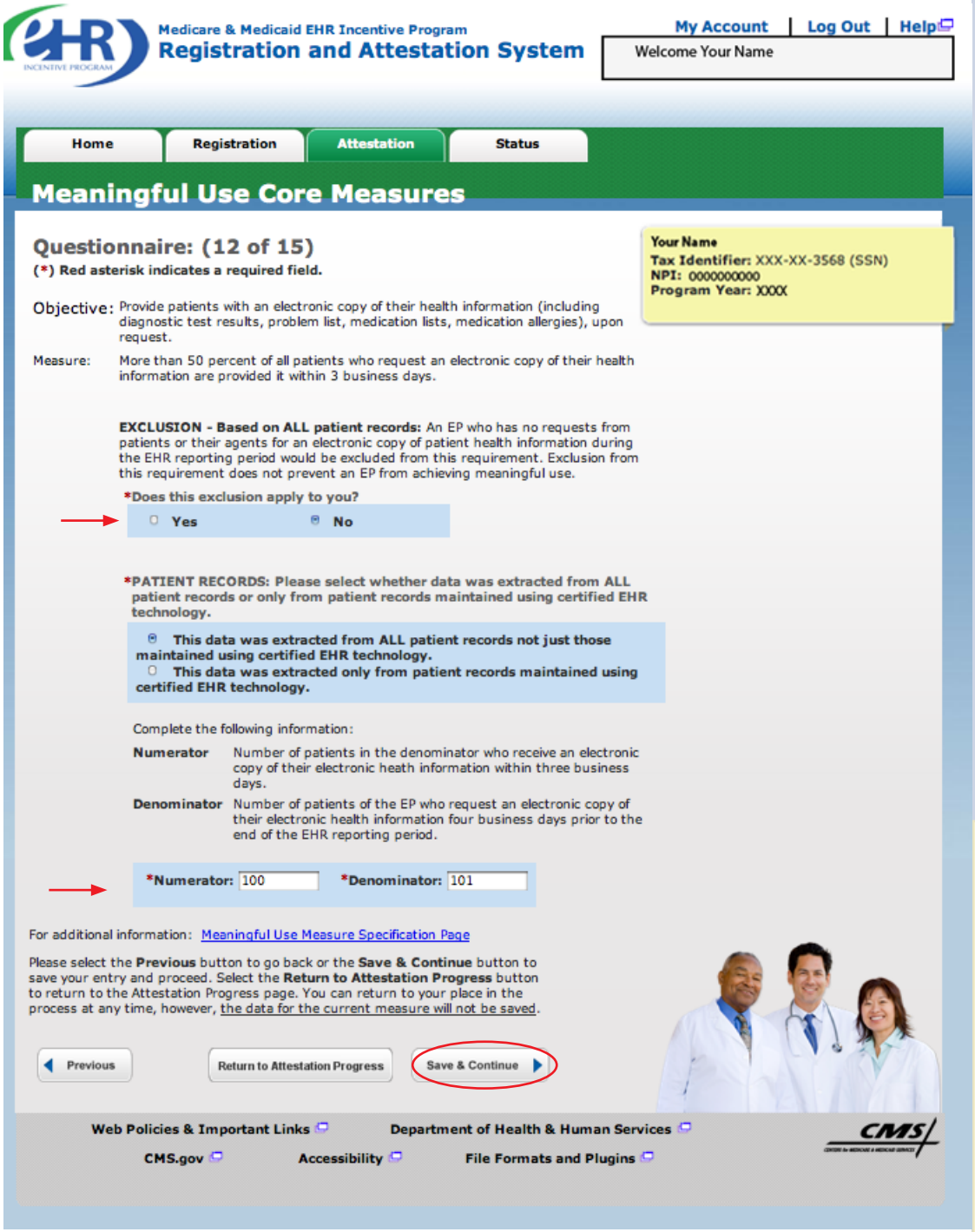
TOPICS PROGRESS

This is the second of six topics required for attestation

1 2 3 4 5 6

Step 18 –

Meaningful Use Core Measures Questionnaire (12 of 15)



STEPS

Select the appropriate option under Patient Records

Select Yes or No for the EXCLUSION

If the exclusion applies to you, click Save & Continue

If the exclusion does not apply to you, check No

Enter the Numerator and Denominator

Click Save & Continue

TIP

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

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

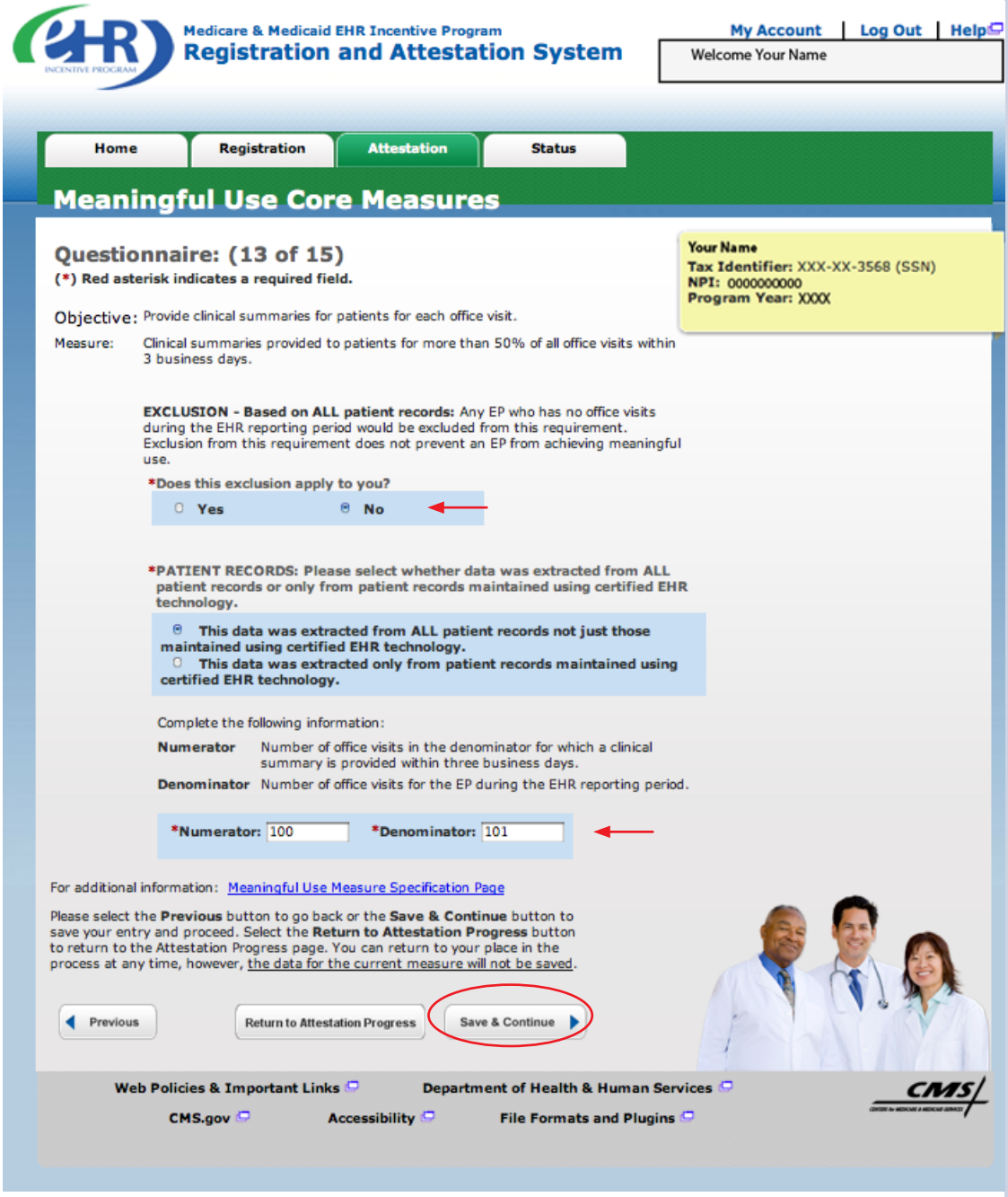
TOPICS PROGRESS

This is the second of six topics required for attestation

1 2 3 4 5 6

Step 19 –

Meaningful Use Core Measures Questionnaire (13 of 15)



STEPS

Select the appropriate option under Patient Records

Select Yes or No for the EXCLUSION

If the exclusion applies to you, click Save & Continue

If the exclusion does not apply to you, check No

Enter the Numerator and Denominator

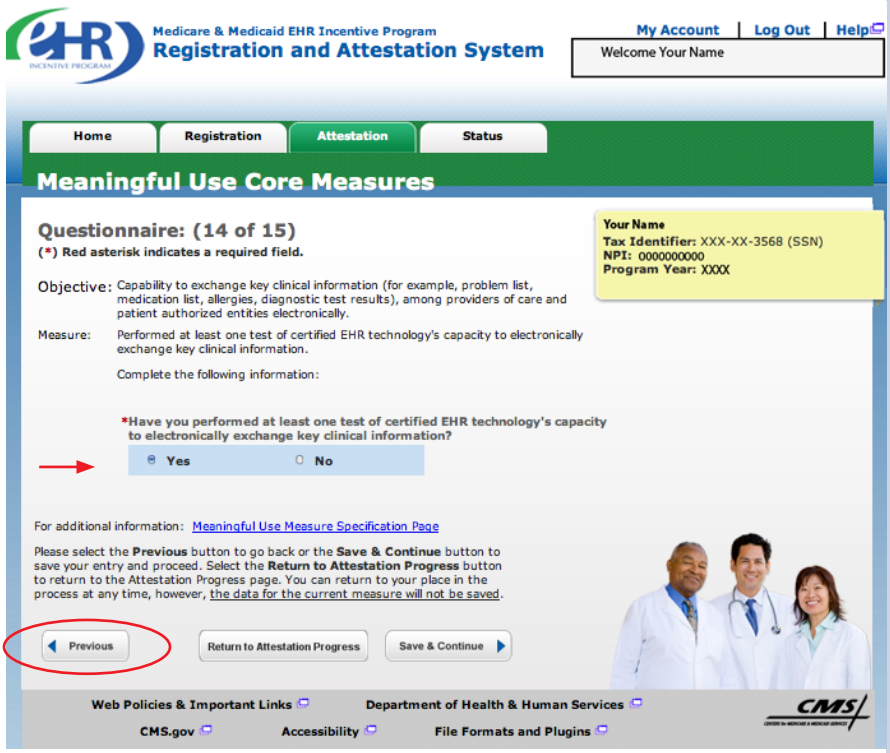
Click Save & Continue

TOPICS PROGRESS

This is the second of six topics required for attestation

1 2 3 4 5 6

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

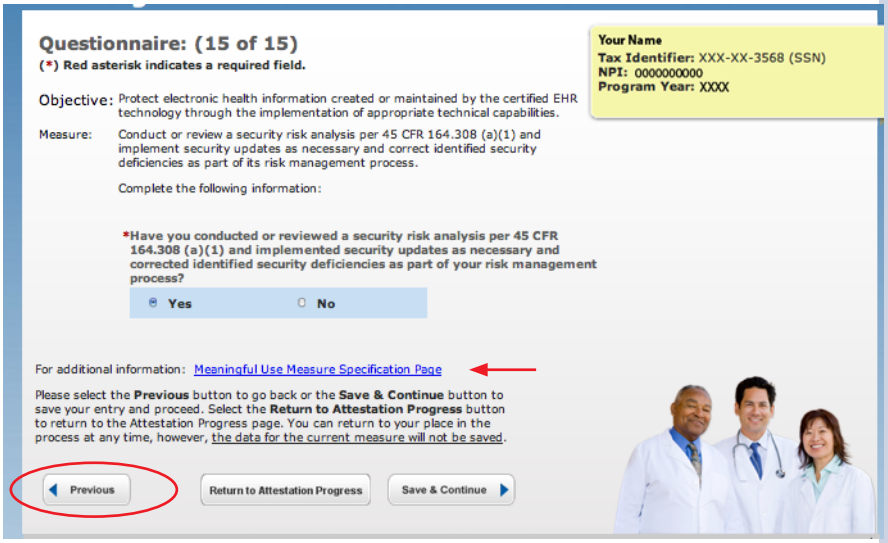


STEPS

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

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

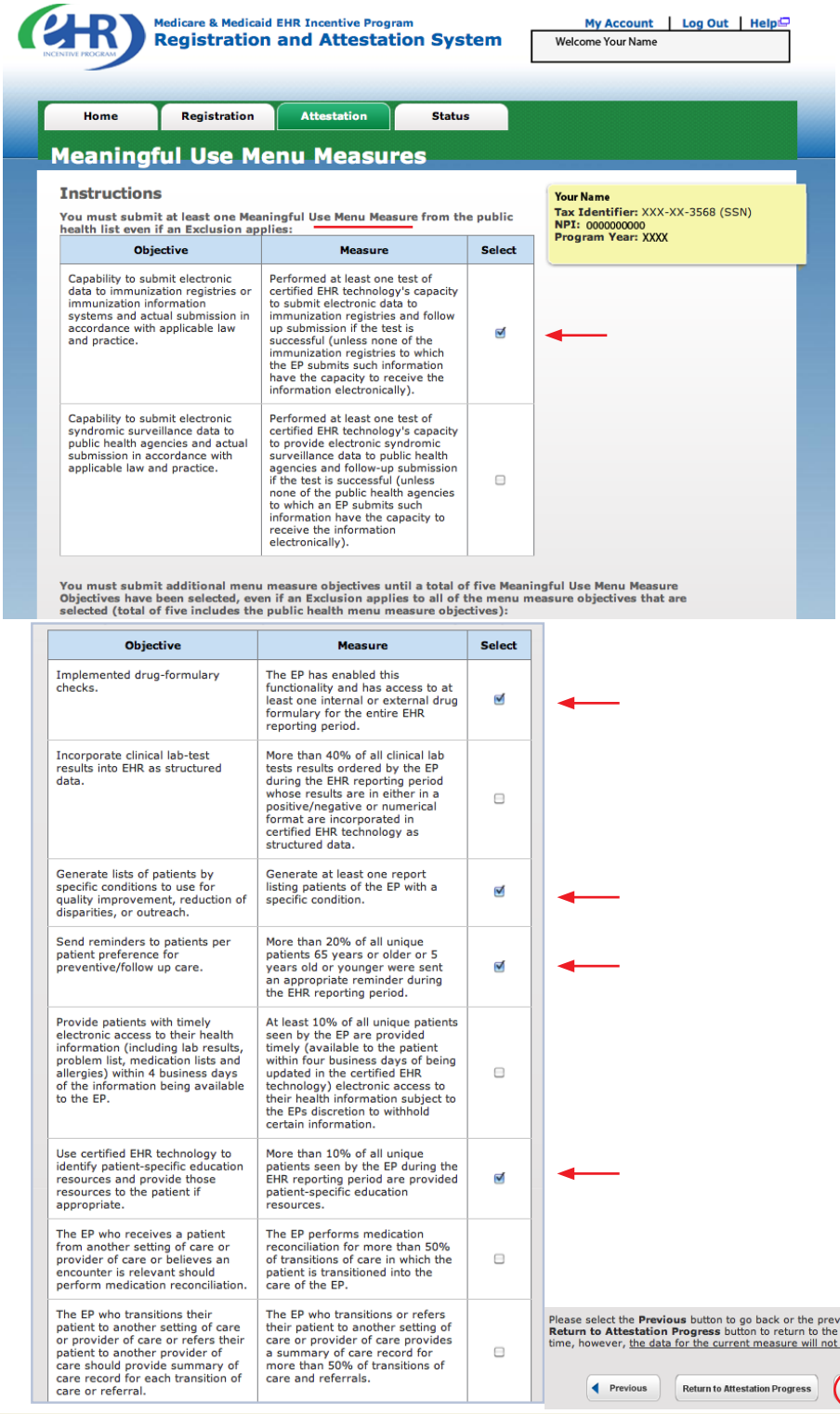
TOPICS PROGRESS

This is the second of six topics required for attestation

1 2 3 4 5 6

Step 22 – Meaningful Use Menu Measures Questionnaire

QUESTIONNAIRE



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

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

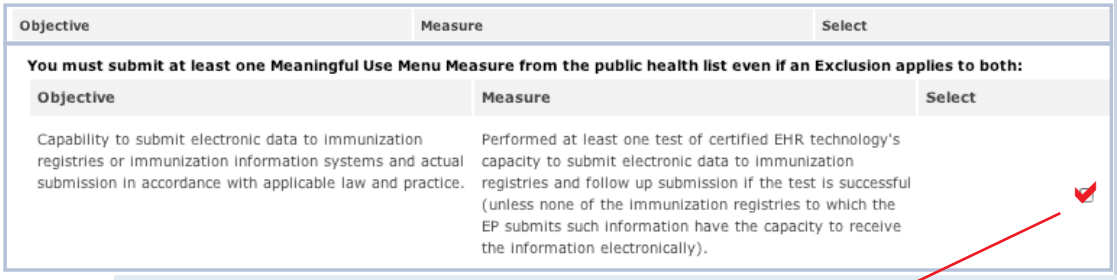
TOPICS PROGRESS

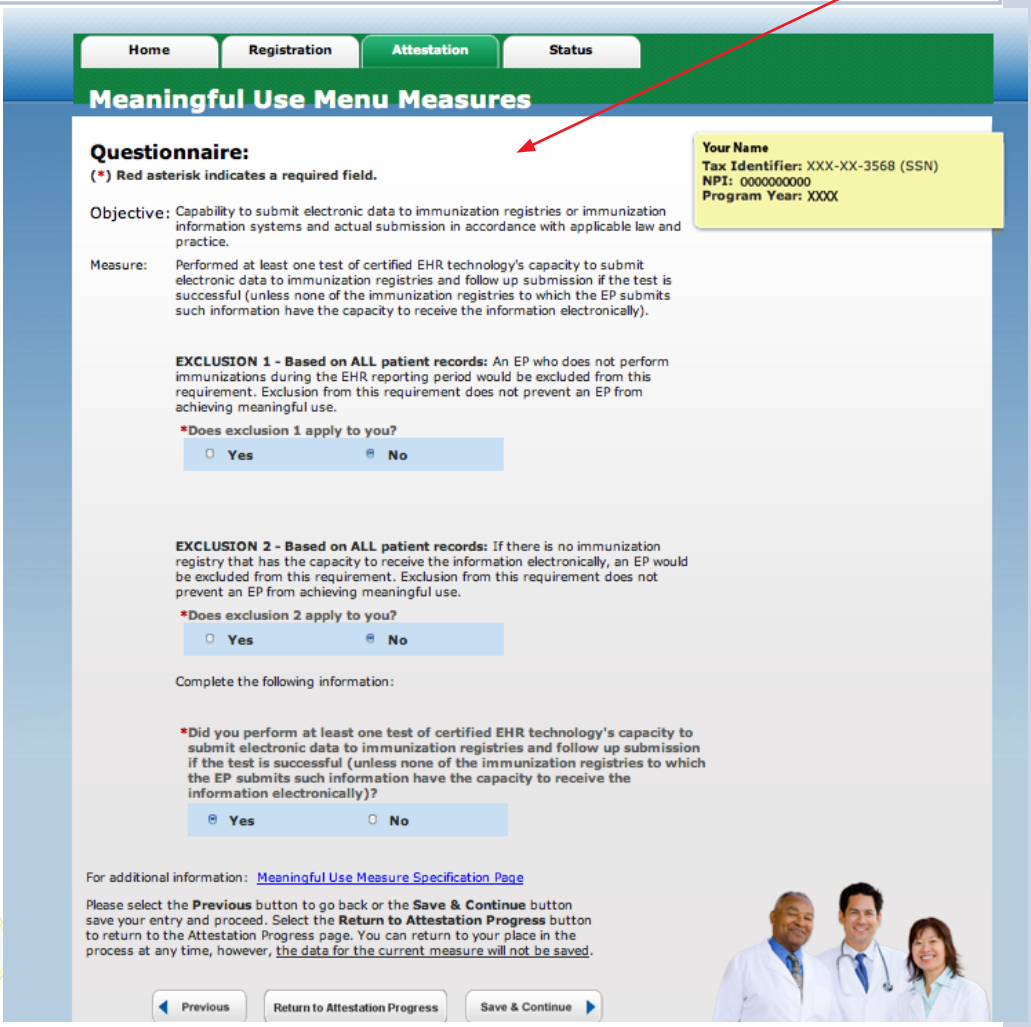
This is the third of six topics required for attestation

1 | 2 | 3 | 4 | 5 | 6

Step 23 – Review of the ten Meaningful Use Measures

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





MEASURES

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

TIPS

*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

TOPICS PROGRESS

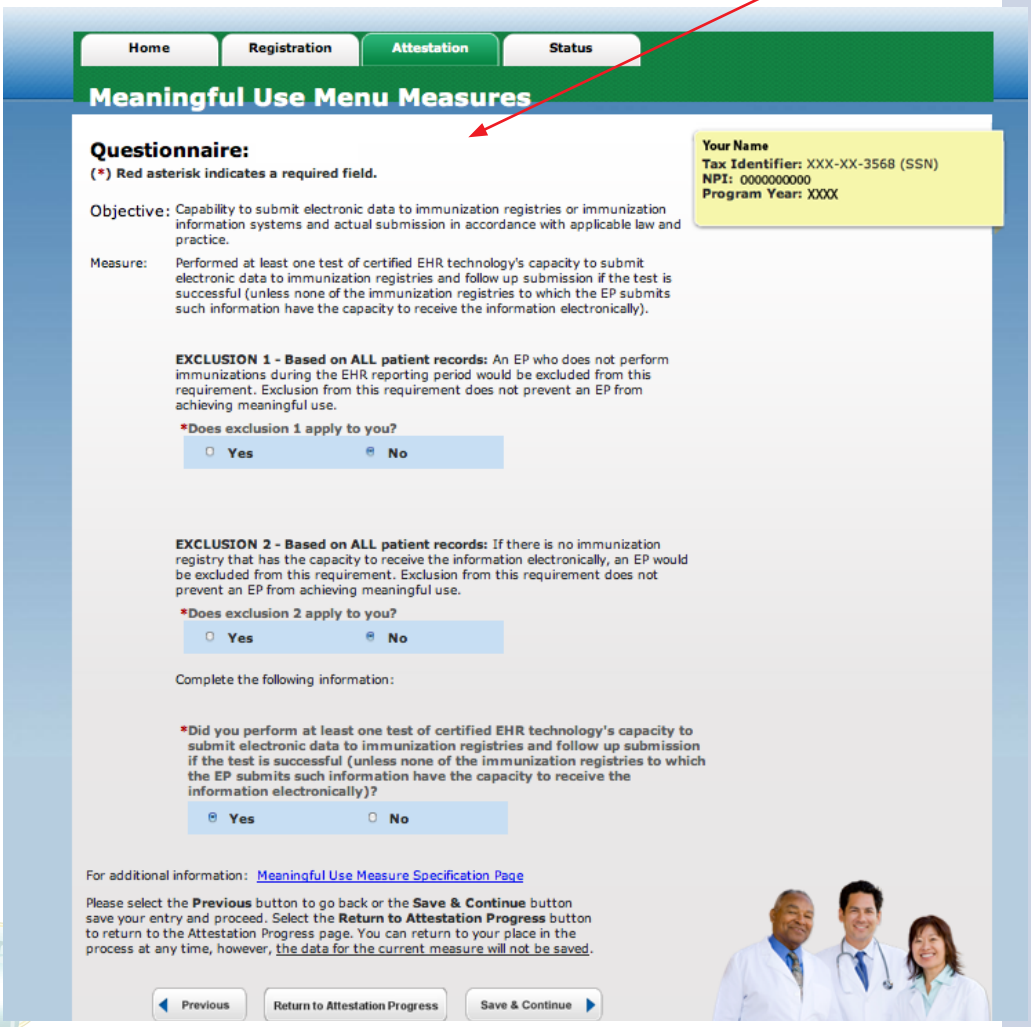
This is the third of six topics required for attestation

1 2 3 4 5 6

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

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

*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

TOPICS PROGRESS

This is the third of six topics required for attestation

1 2 3 5

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.	☑

MEASURES

Complete the questions for the 5 measures you selected

Click **Save & Continue**

TIPS

*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

TOPICS PROGRESS

This is the third of six topics required for attestation

1 2 3 4 5 6

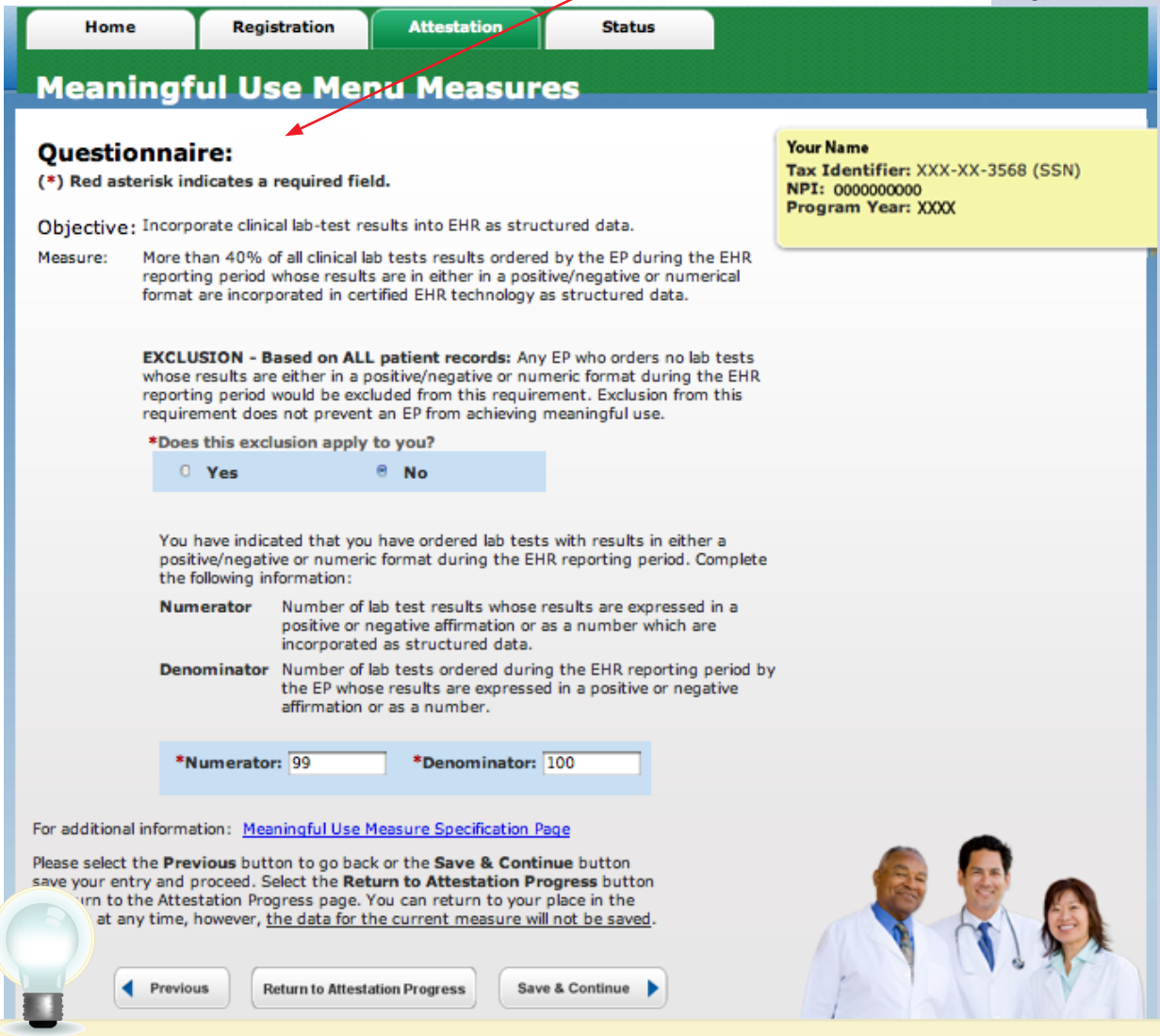
Step 23 – Review of the ten Meaningful Use Measures (cont.)

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.	☑

MEASURES

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



TIPS

*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

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.)

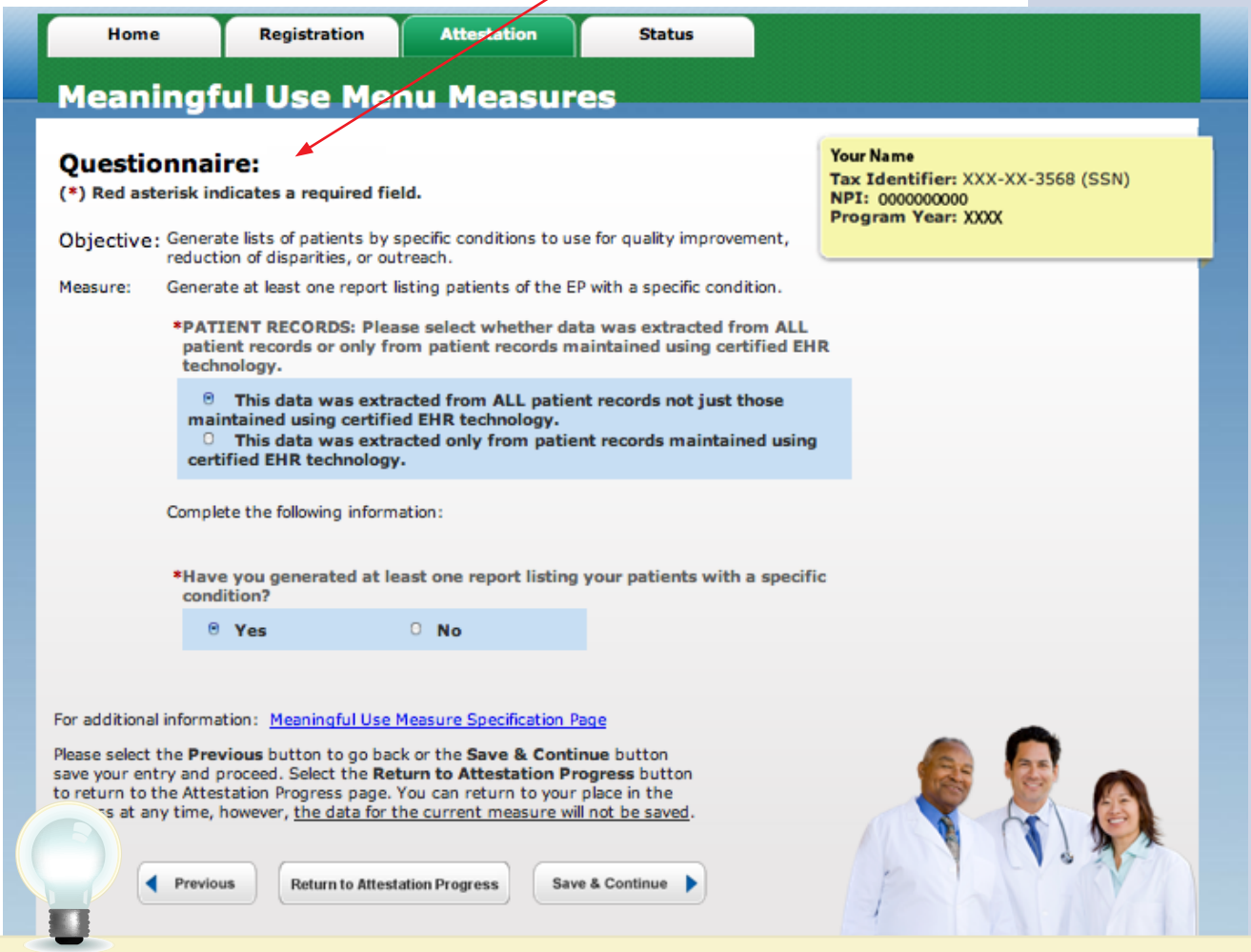
Menu Measure Objectives (5 of 10)

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.	✔

MEASURES

Complete the questions for the 5 measures you selected

Click **Save & Continue**



TIPS

*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

TOPICS PROGRESS

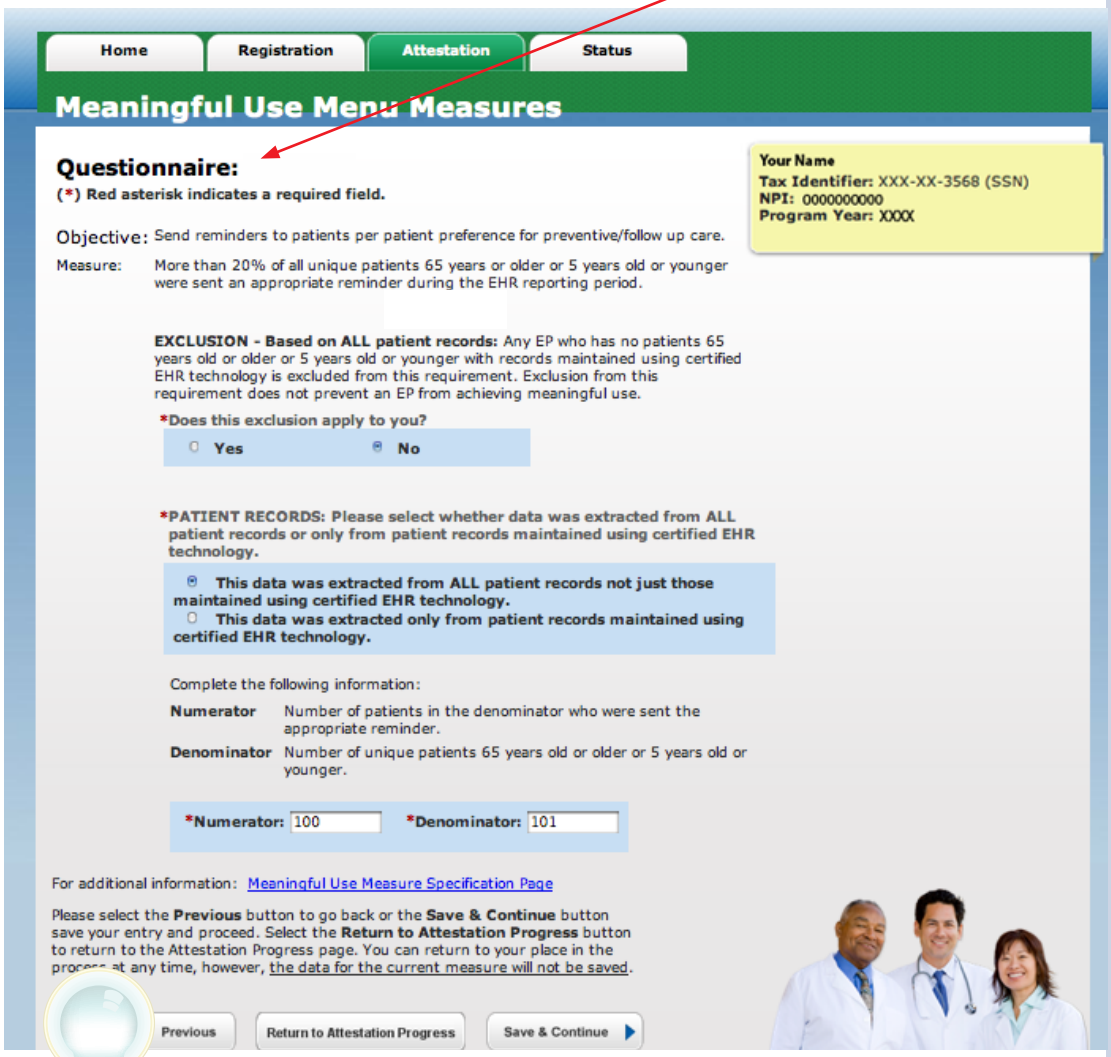
This is the third of six topics required for attestation

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.	☑



MEASURES

Complete the questions for the 5 measures you selected

Click **Save & Continue**

TIPS

*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

TOPICS PROGRESS

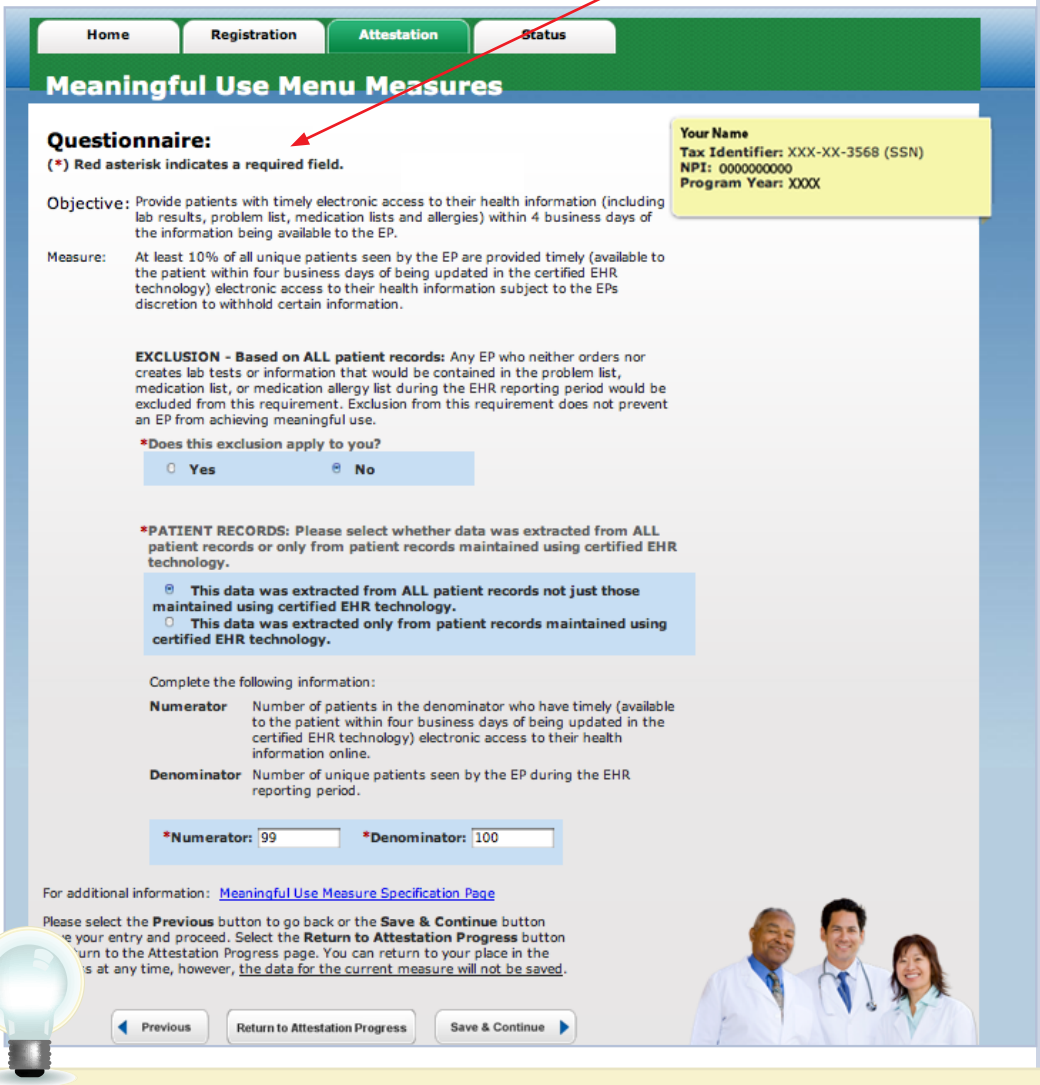
This is the third of six topics required for attestation

1 2 3 4 5 6

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

Additional Menu Measure 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.	✔



MEASURES

Complete the questions for the 5 measures you selected

Click **Save & Continue**

TIPS

*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

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 (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.	☑

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: 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:** 100 ***Denominator:** 101

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

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				Modify

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	Attestation Information	Completed
2	Meaningful Use Core Measures	Completed
3	Meaningful Use Menu Measures	Completed
4	Clinical Quality Measures	Completed
5	Alternate Core Clinical Quality Measures	N/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.	☑

MEASURES

Complete the questions for the 5 measures you selected

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: 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:** 99 ***Denominator:** 100

For additional information: Meaningful Use Measure Specification Page

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

Previous | Return to Attestation Progress | Save & Continue

Click **Save & Continue**

TIPS

*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

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 (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.	☑

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: 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 s e 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 save your entry and proceed. Select the **Return to Attestation Progress** button t he Attestation Progress page. You can return to your place in the time, however, the data for the current measure will not be saved.

Previous | Return to Attestation Progress | Save & Continue

MEASURES

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

TIPS

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

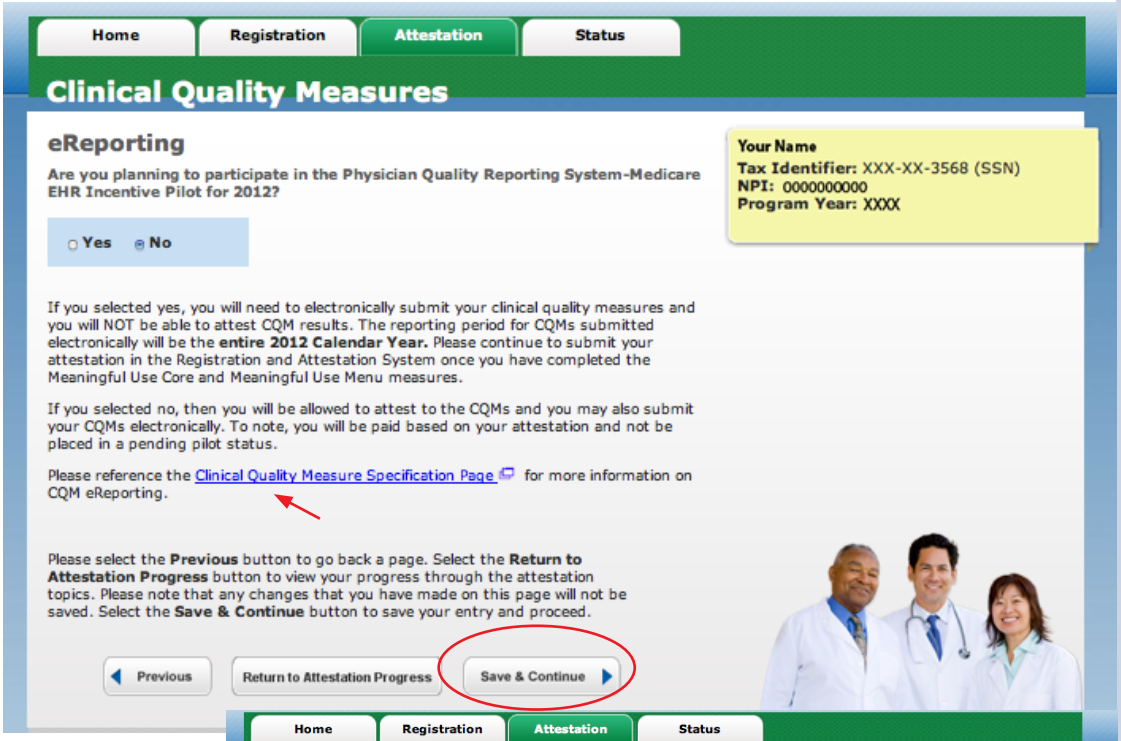
You must select from both the Public Health list and the Meaningful Use list that follows

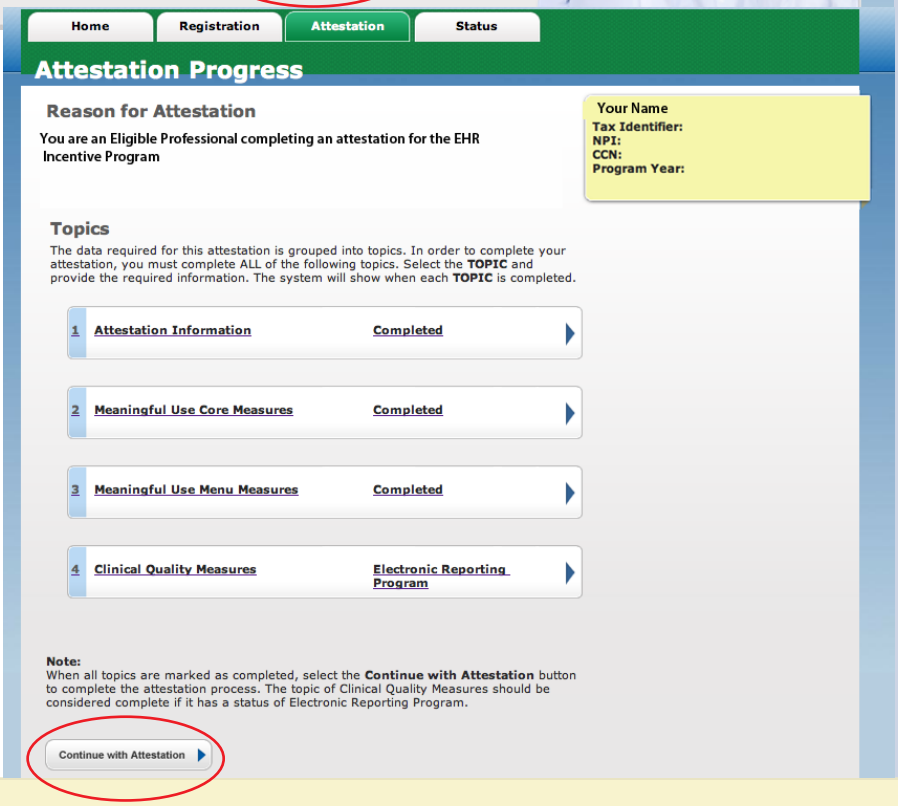
TOPICS PROGRESS

This is the third of six topics required for attestation

1 2 3 4 5 6

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

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

TOPICS PROGRESS

This is the third of six topics required for attestation

1 2 3 4 5 6

Step 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.

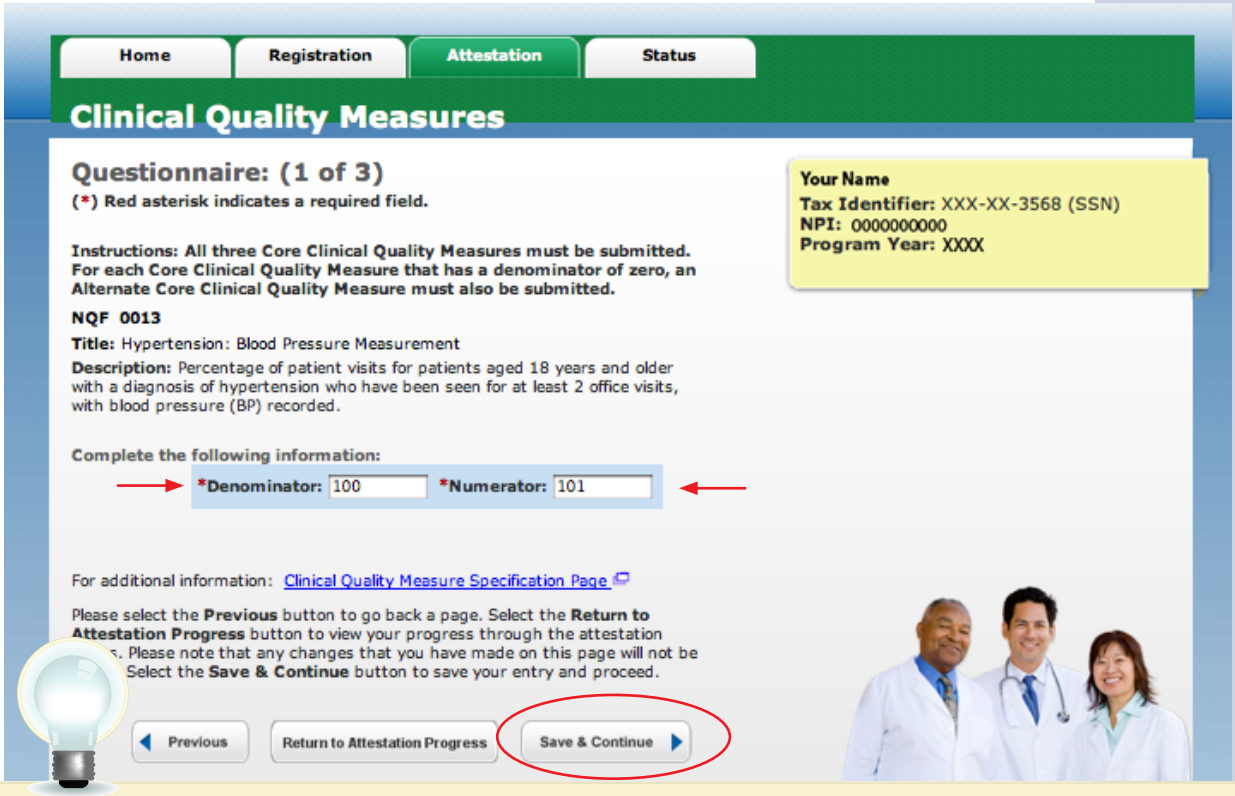
You will be reporting on a minimum of 6 CQMs or a maximum of 9 CQMs.

STEPS

Enter Clinical Quality Measure 1 of 3

Enter Denominator and Numerator

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



TIPS

Numerator and Denominator must be whole numbers

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

TOPICS PROGRESS

This is the fourth of six topics required for attestation

1 2 3 4 5 6

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

STEPS

Enter Clinical Quality Measure 2 of 3

Enter Denominator and Numerator

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

TIPS

Numerator and Denominator must be whole numbers

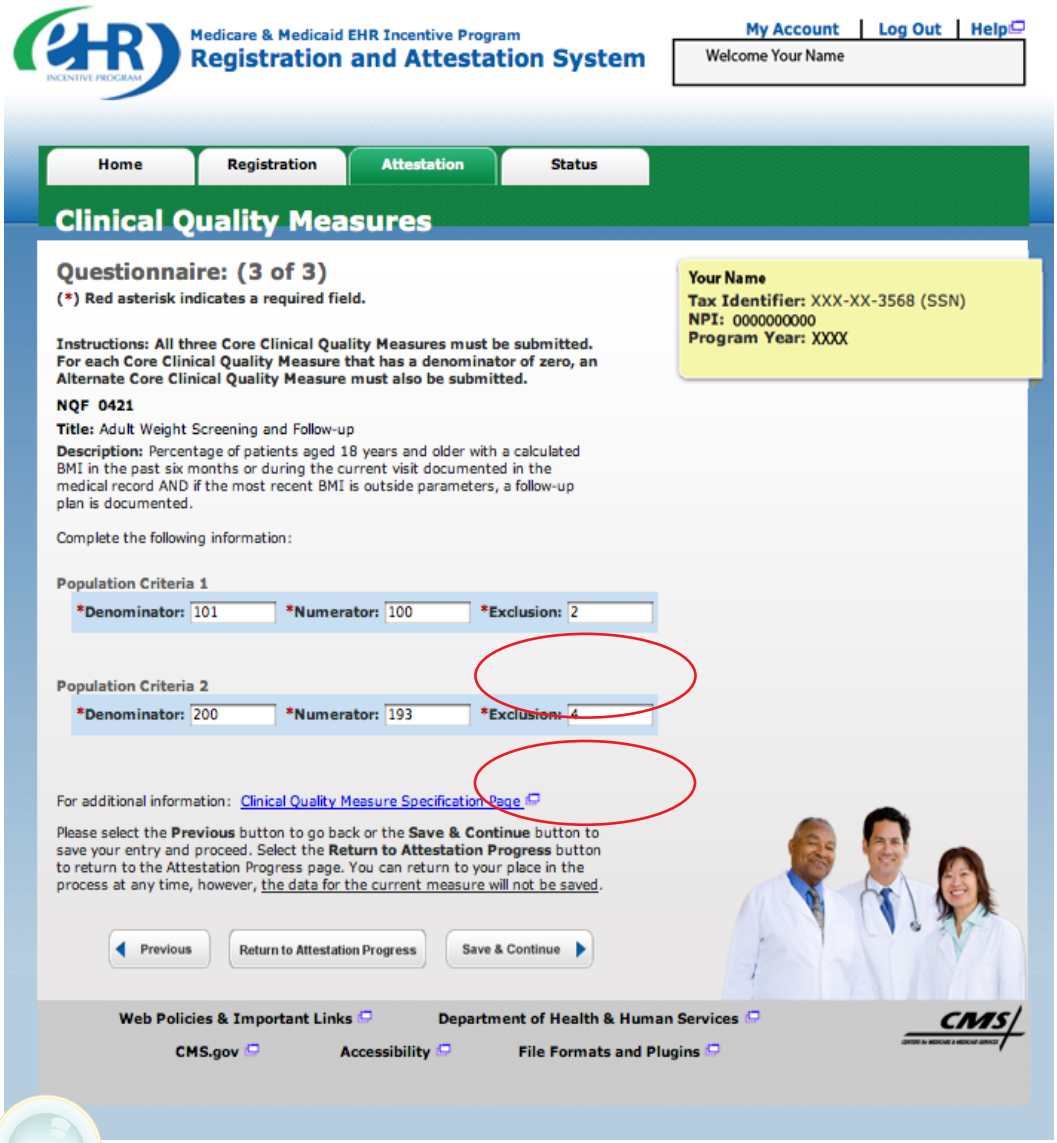
The Denominator must be entered before the Numerator on the remaining screens

TOPICS PROGRESS

This is the fourth of six topics required for attestation

1 2 3 4 5 6

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

TIPS

Enter the number of exclusions after the numerator

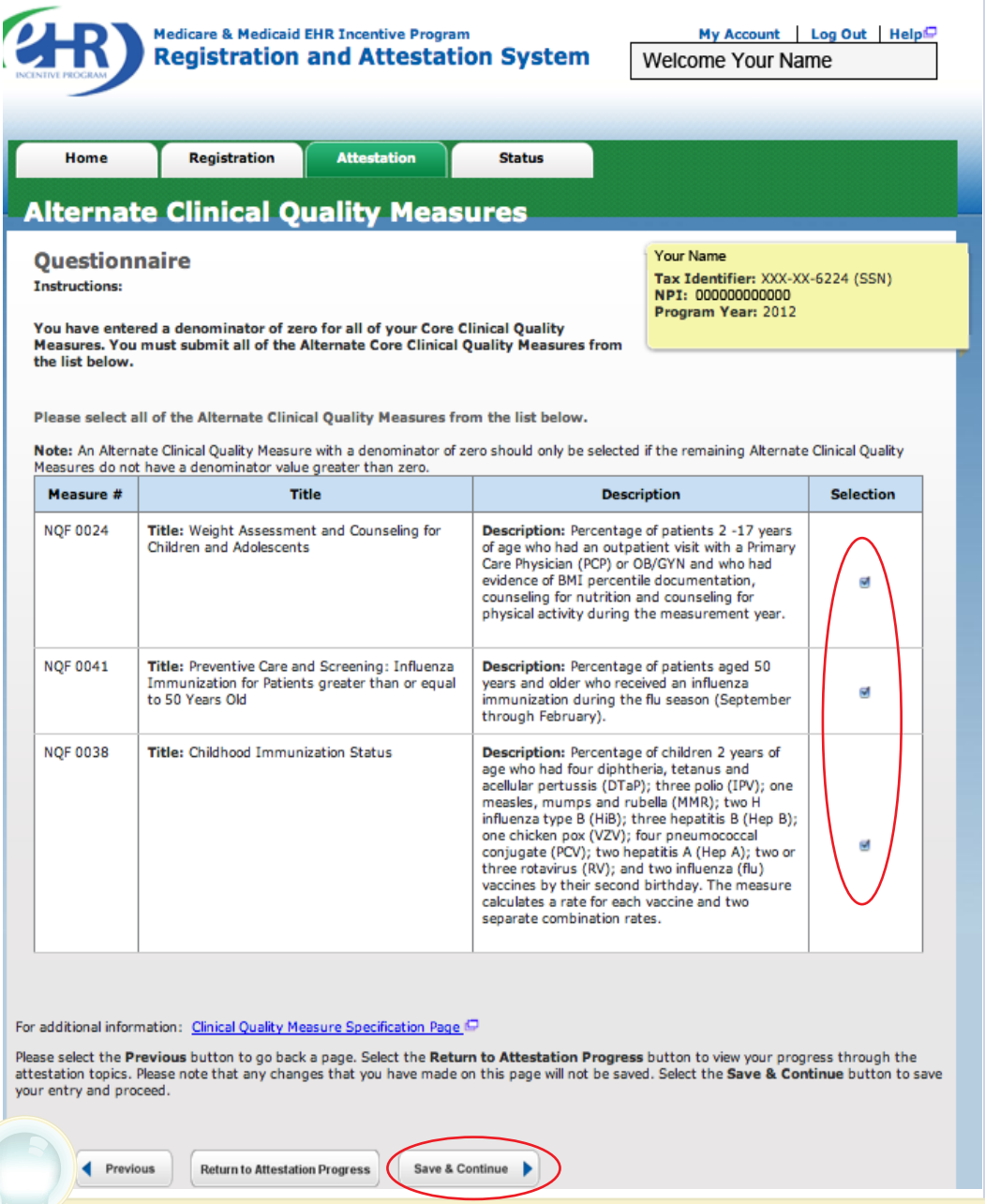
While the EHR may have been configured to produce calculations of the measures, the information reported for this objective only includes the denominator, numerators and if applicable, the exclusion data for that measure

TOPICS PROGRESS

This is the fourth of six topics required for attestation

1 2 3 4 5 6

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***

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*

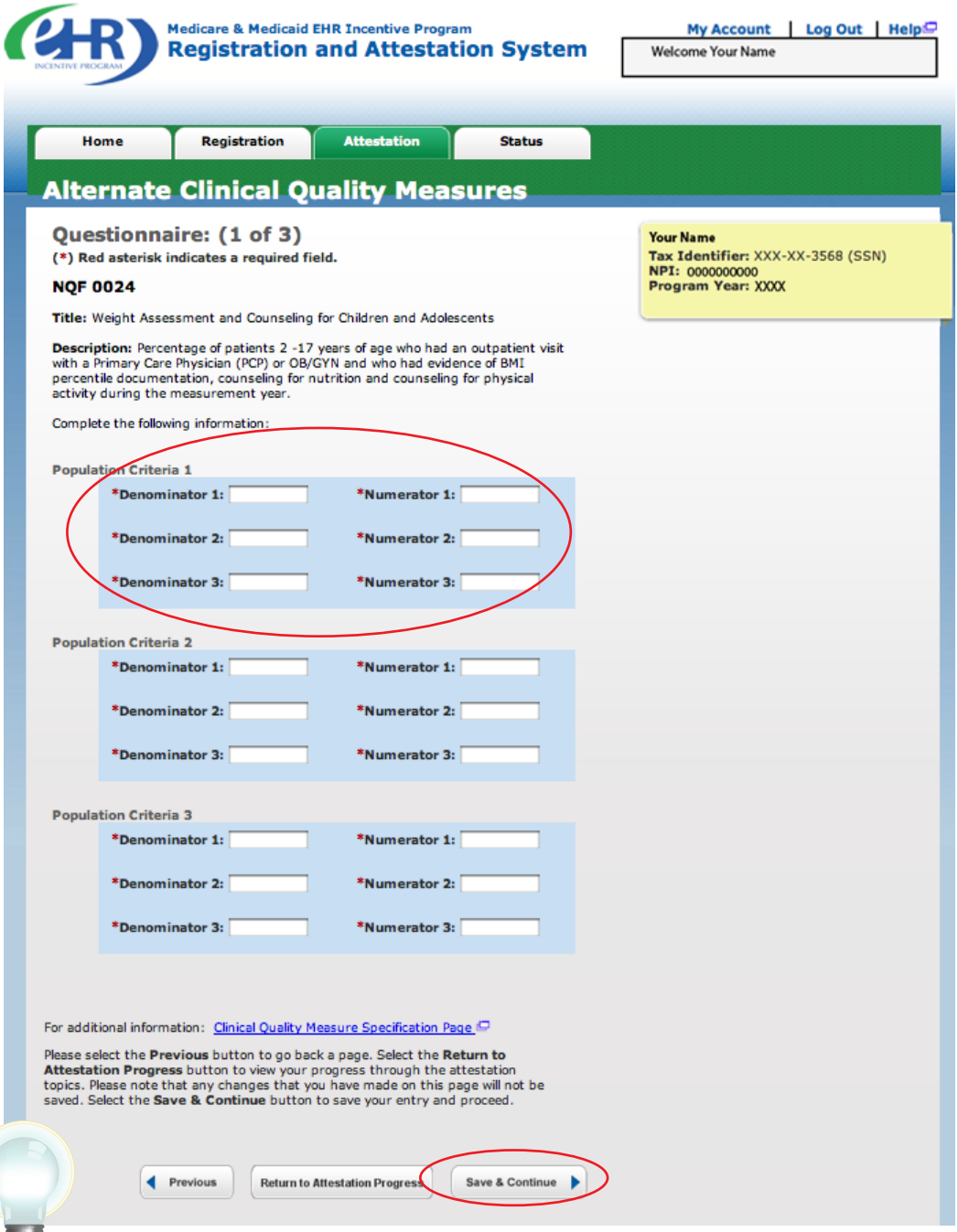
*If you entered a denominator of zero for **all** of your CQMs, you must submit **all** of the Alternate Core Clinical Quality Measures*

TOPICS PROGRESS

This is the fifth of six topics required for attestation

1 2 3 4 5 6

Step 29 – Alternate Clinical Quality Measures – Questionnaire



STEPS

Enter the Denominator and Numerator for each population criteria

Click **Save & Continue**

TIPS

All fields must be completed

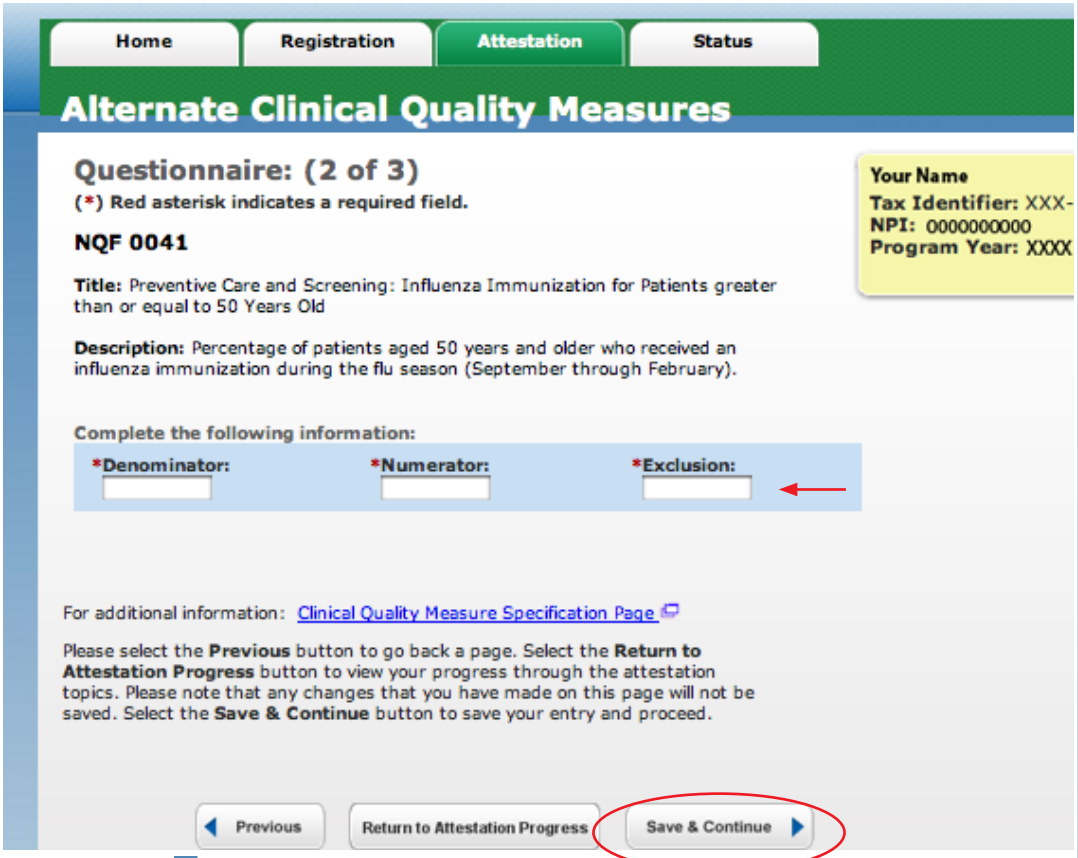
Only the additional Clinical Quality Measures you selected will be presented on the screen

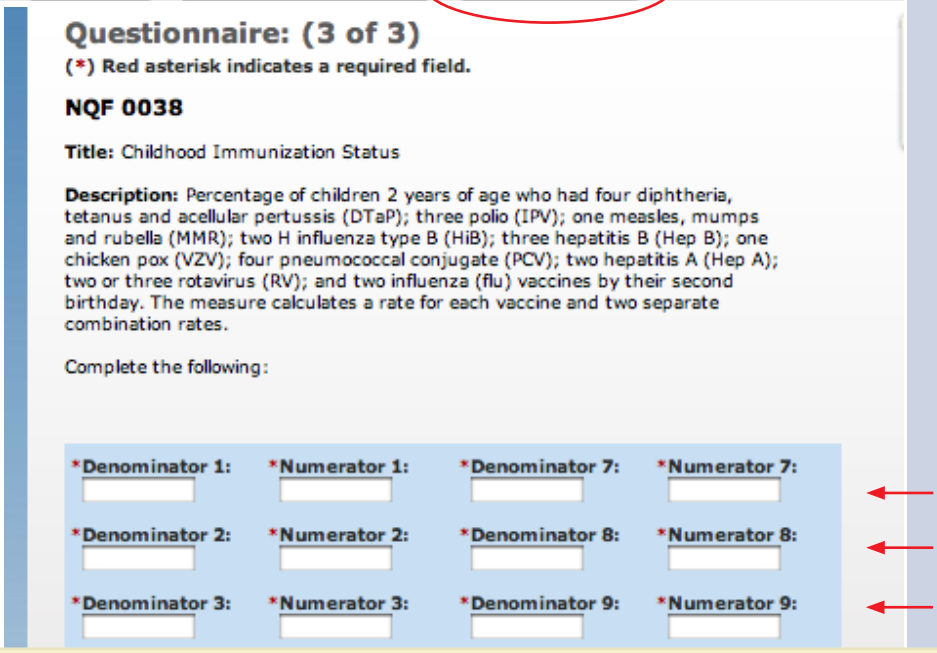
TOPICS PROGRESS

This is the fifth of six topics required for attestation

1 | 2 | 3 | 4 | 5 | 6

Step 29 – Alternate Clinical Quality Measures (cont.)





STEPS

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

Click **Save & Continue**

TIPS

All fields must be completed

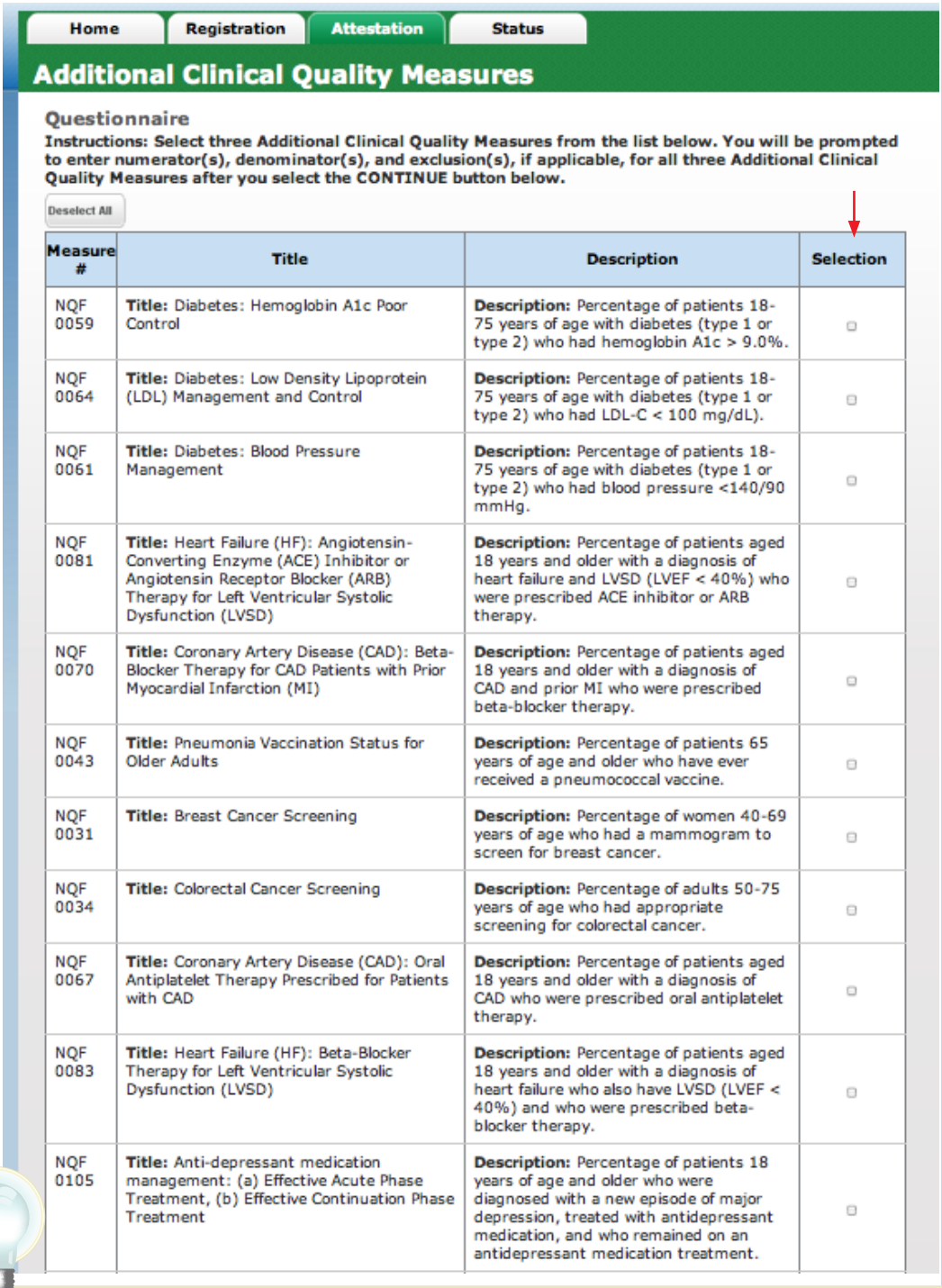
Only the additional Clinical Quality Measures you selected will be presented on the screen

TOPICS PROGRESS

This is the fifth of six topics required for attestation

1 | 2 | 3 | 4 | 5 | 6

Step 30 – Additional Clinical Quality Measures – Questionnaire



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

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

TIPS

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

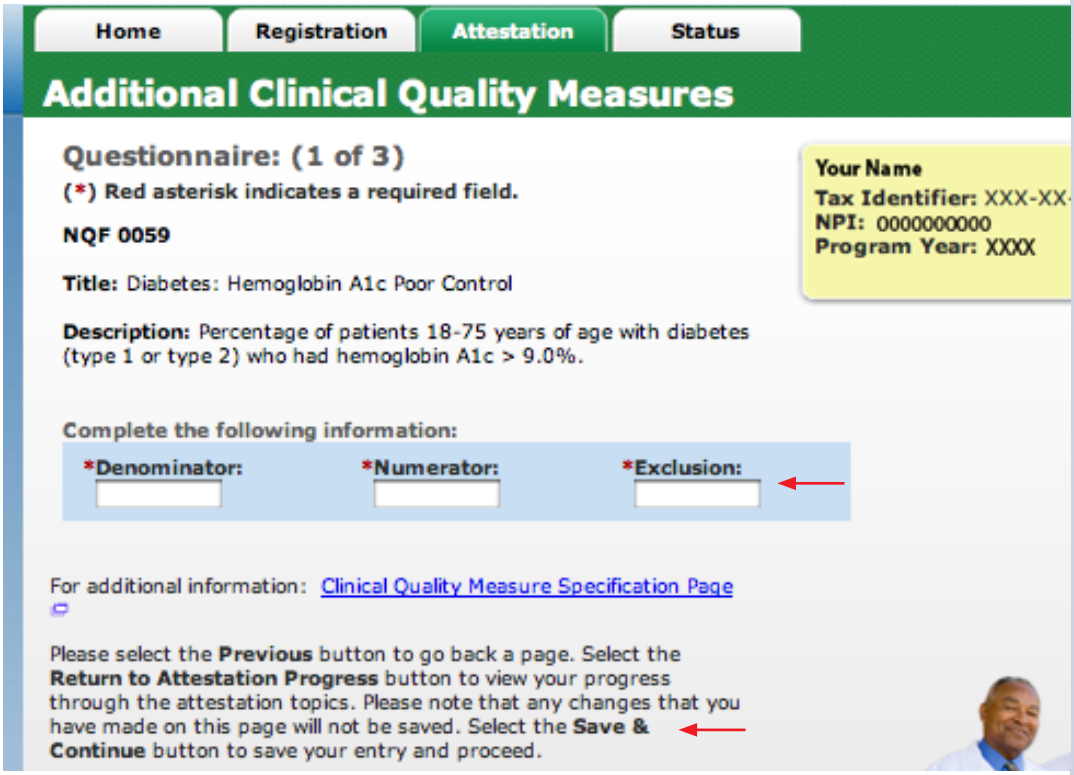
Only the additional Clinical Quality Measures you selected will be presented on the screen

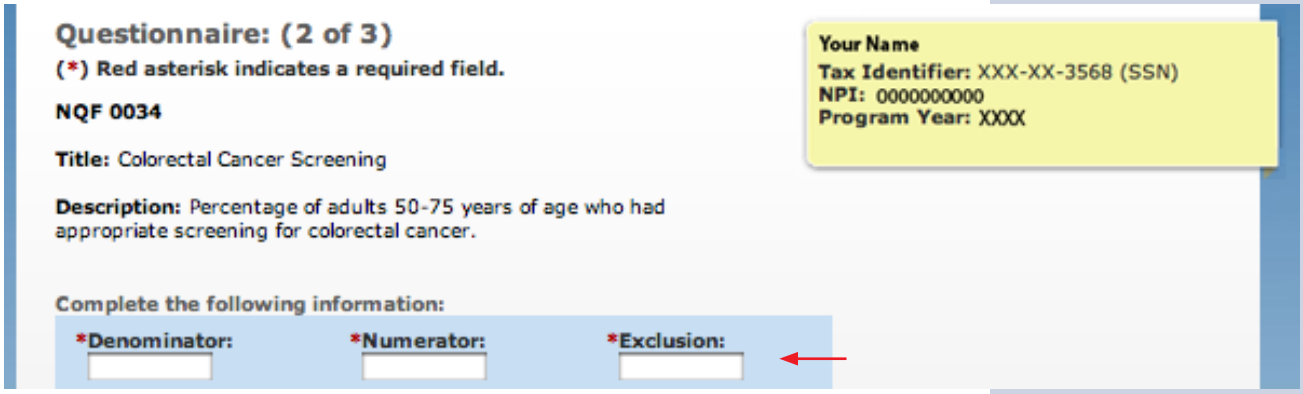
TOPICS PROGRESS

This is the sixth of six topics required for attestation

1 | 2 | 3 | 4 | 5 | 6

Step 30 – Additional Clinical Quality Measures (cont.)





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

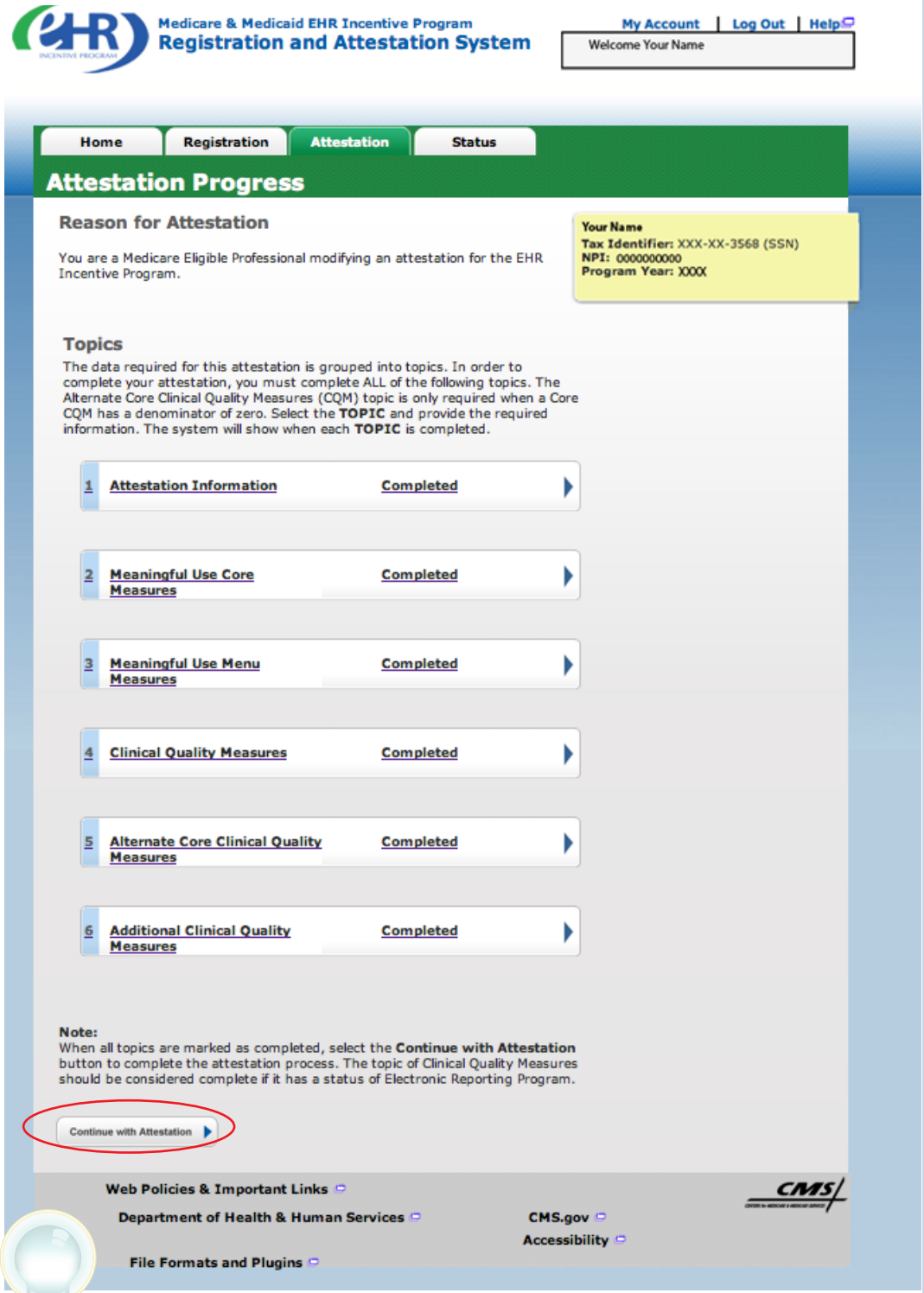
Click **Save & Continue**

TOPICS PROGRESS

This is the sixth of six topics required for attestation

1 | 2 | 3 | 4 | 5 | 6

Step 31 - Topics for this Attestation



STEPS

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

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

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

TIPS

Click on the Progress Bar to modify your Attestation

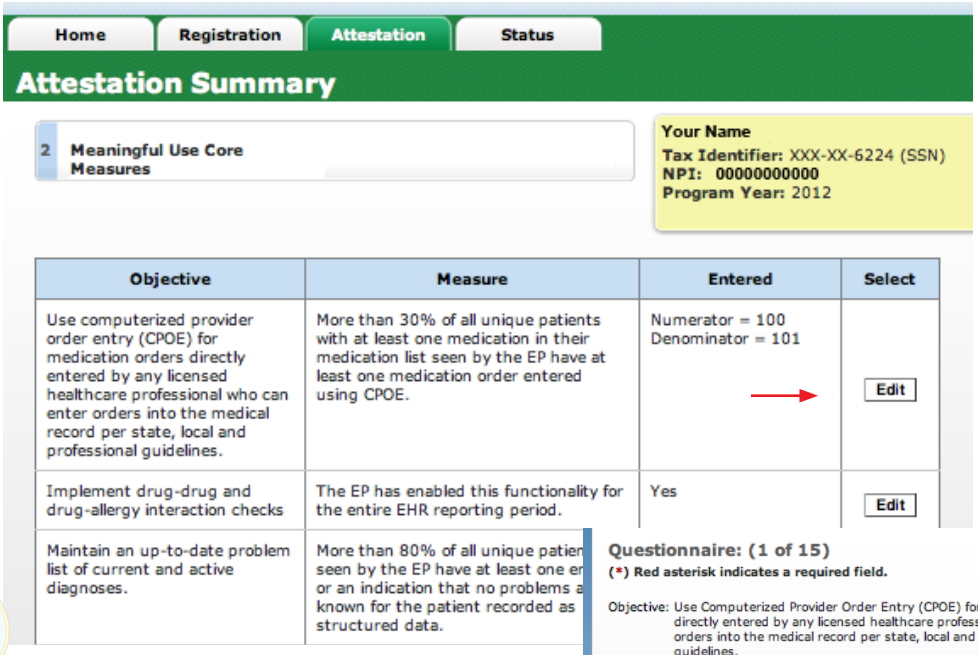
If you choose not to view the summary of measures you will navigate to step 32

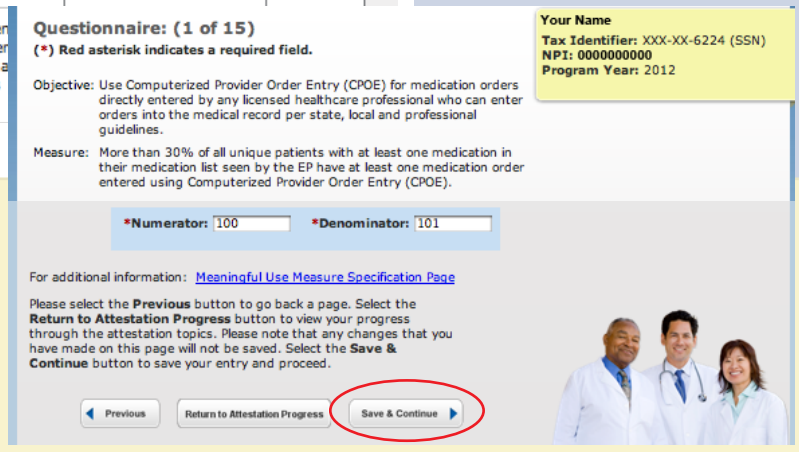
Step 32 – Attestation Summary

STEPS

Select the measure Progress Bar to edit a measure

Click *Save & Continue*



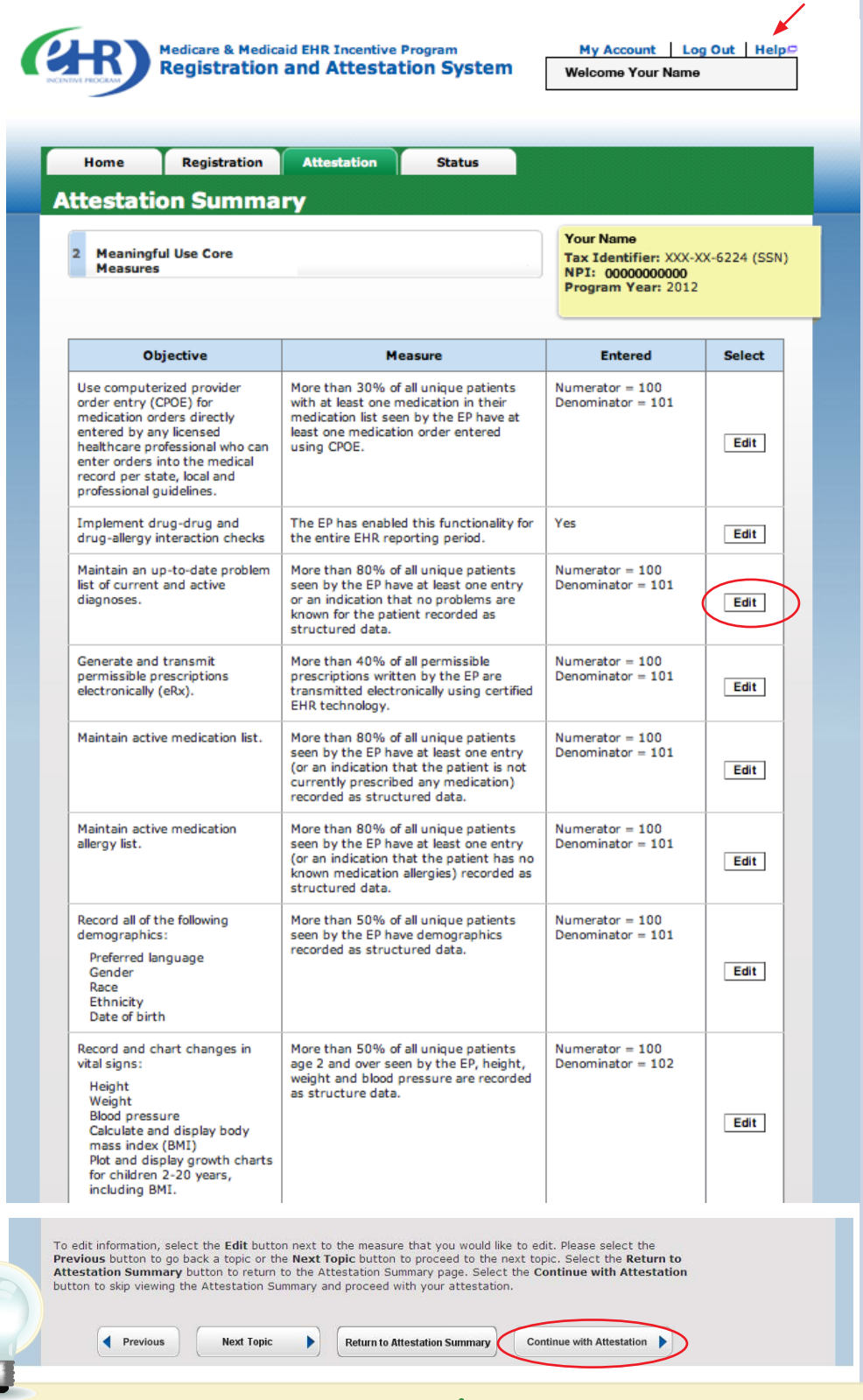


TIPS

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.)



STEPS

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

You may *Edit* any measure from this screen

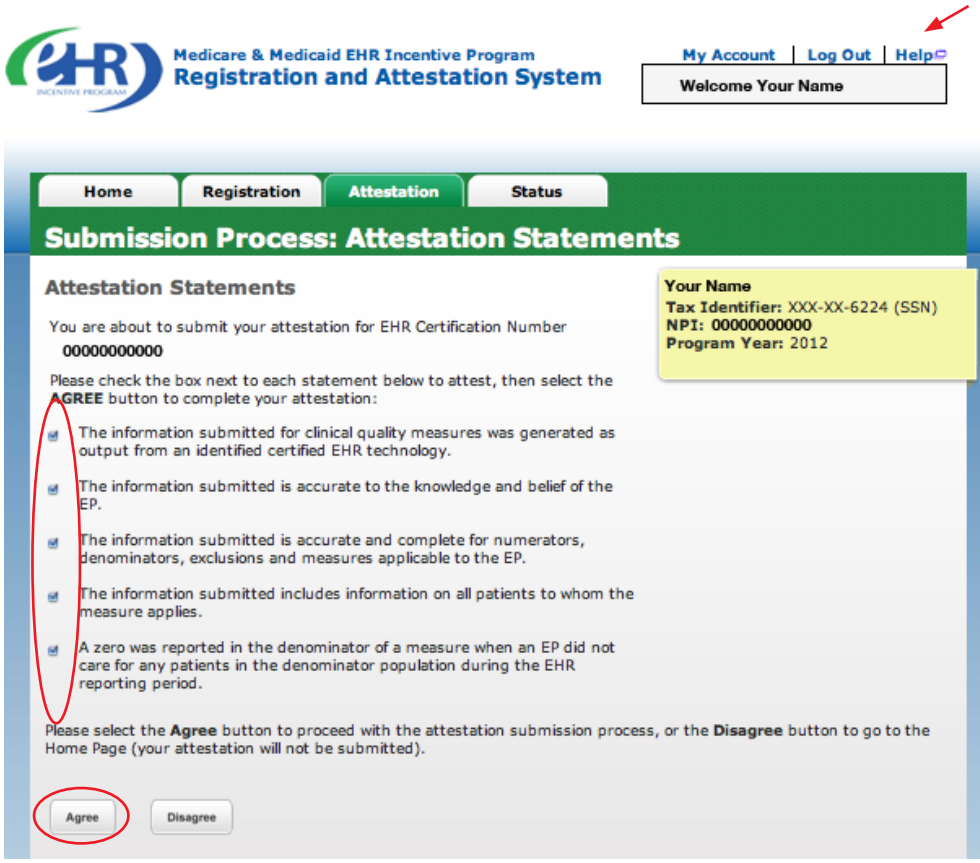
Click on *Continue with Attestation* to skip viewing the summary of measures and proceed with your attestation

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



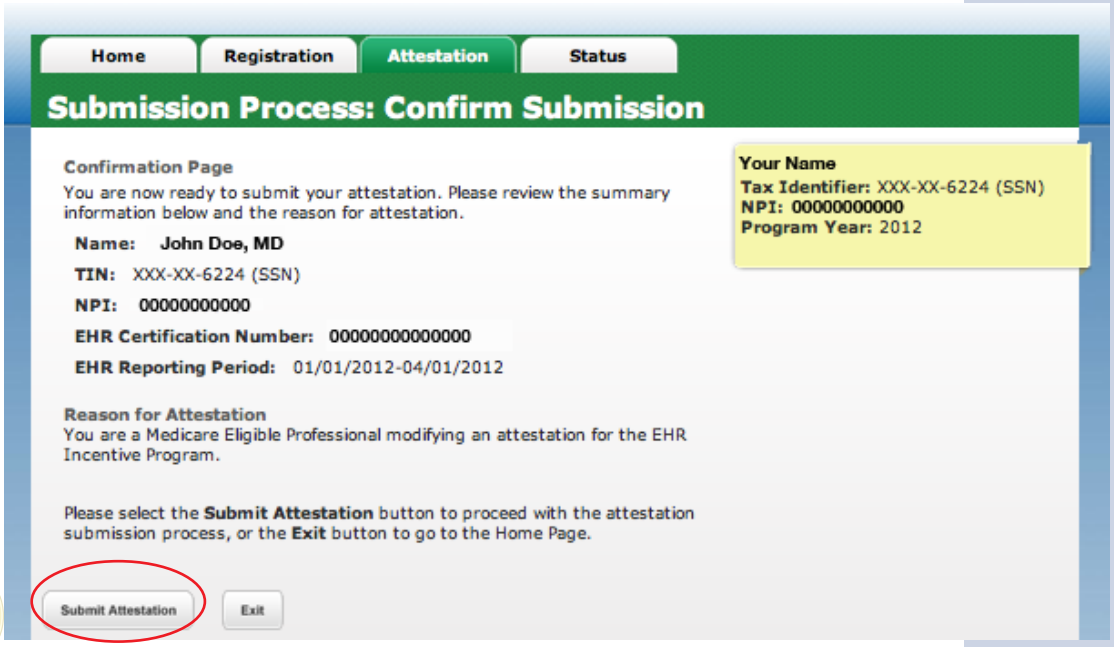
STEPS

Check the box next to each statement to attest

To complete your attestation, click **Agree**

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

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



TIPS

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

Click on Help for additional guidance to navigate the system

Step 34 – Attestation Disclaimer

STEPS

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

Read the disclaimer and click on Agree or Disagree

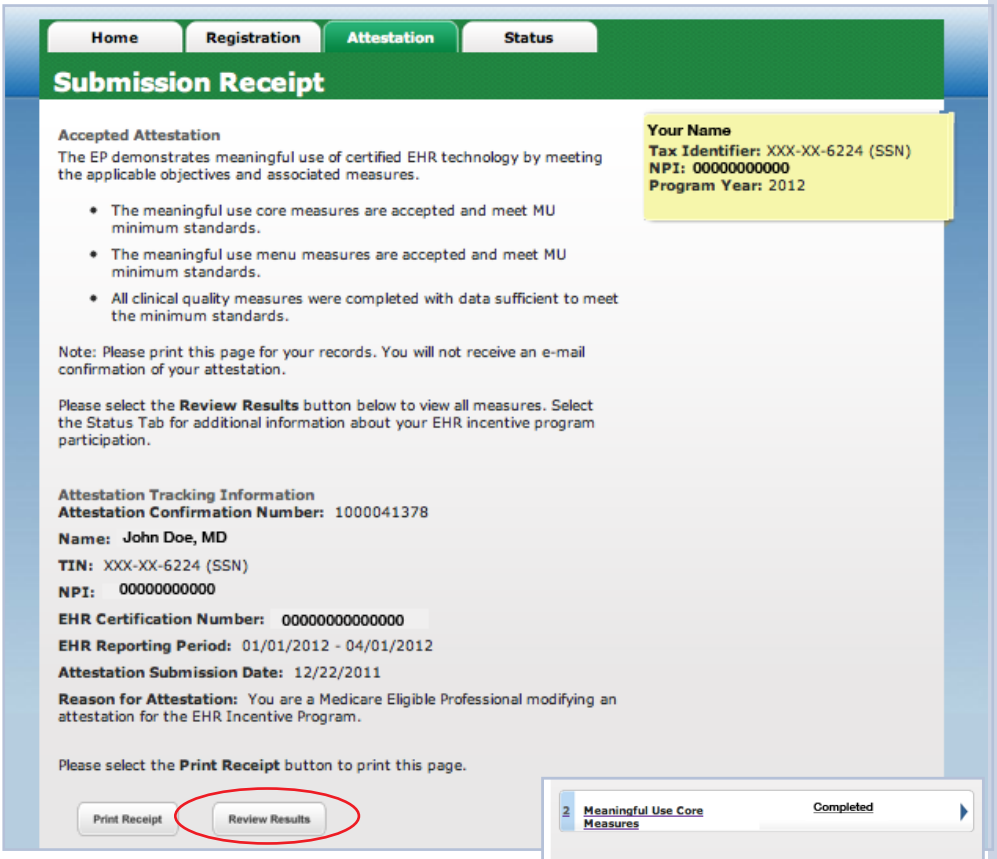
If Agree is chosen and you have met all meaningful use objectives and measures you will receive the "Accepted Attestation" submission receipt

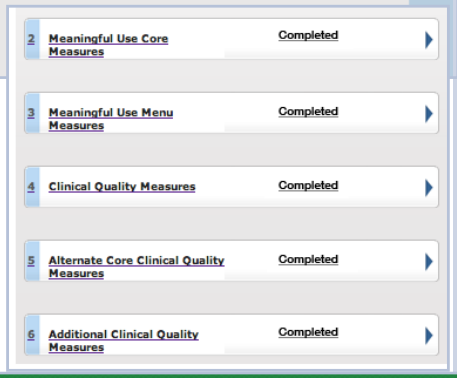
TIPS

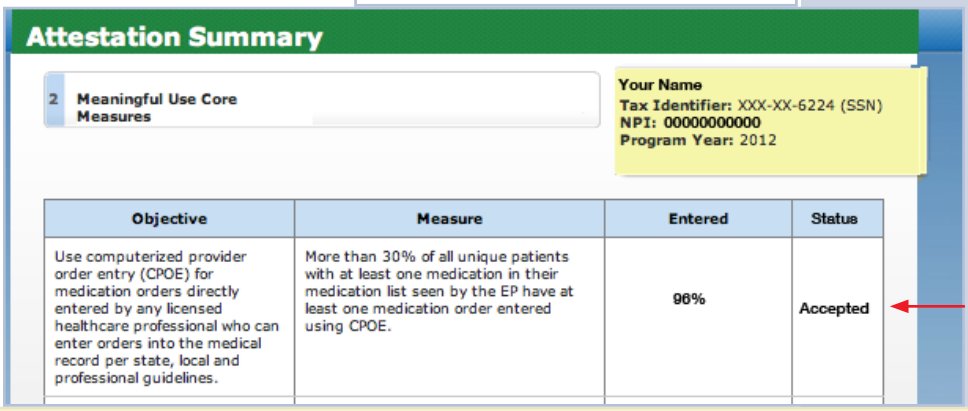
CMS recommends you review all of their attestation information before submitting. EPs who fail their attestation can submit their information again, but cannot submit information for the exact same 90-day period. The 90-day period can be a day later (3/1-5/31 vs. 3/2-6/1), but that will mean that EPs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







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

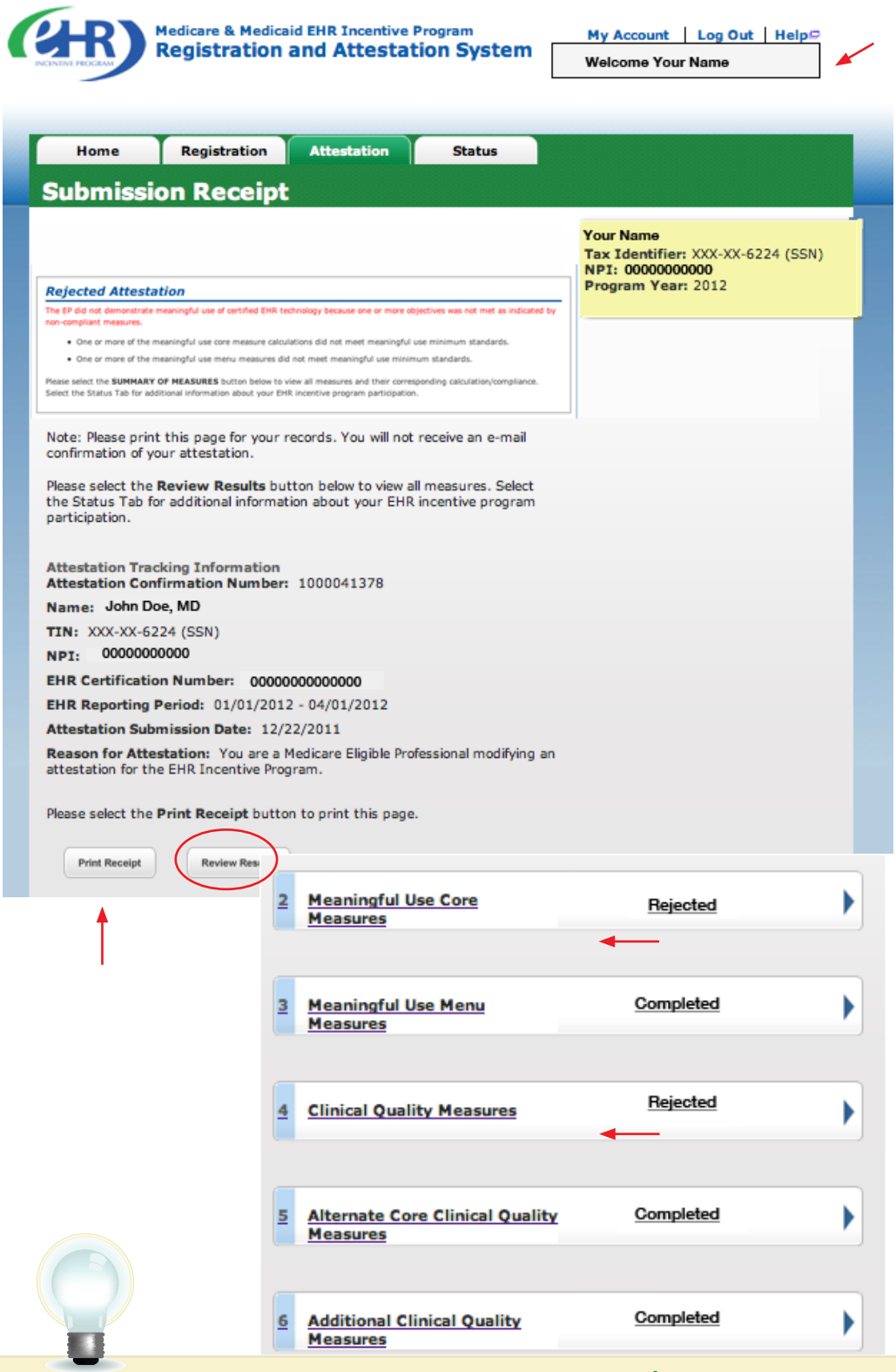
TIPS

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)



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

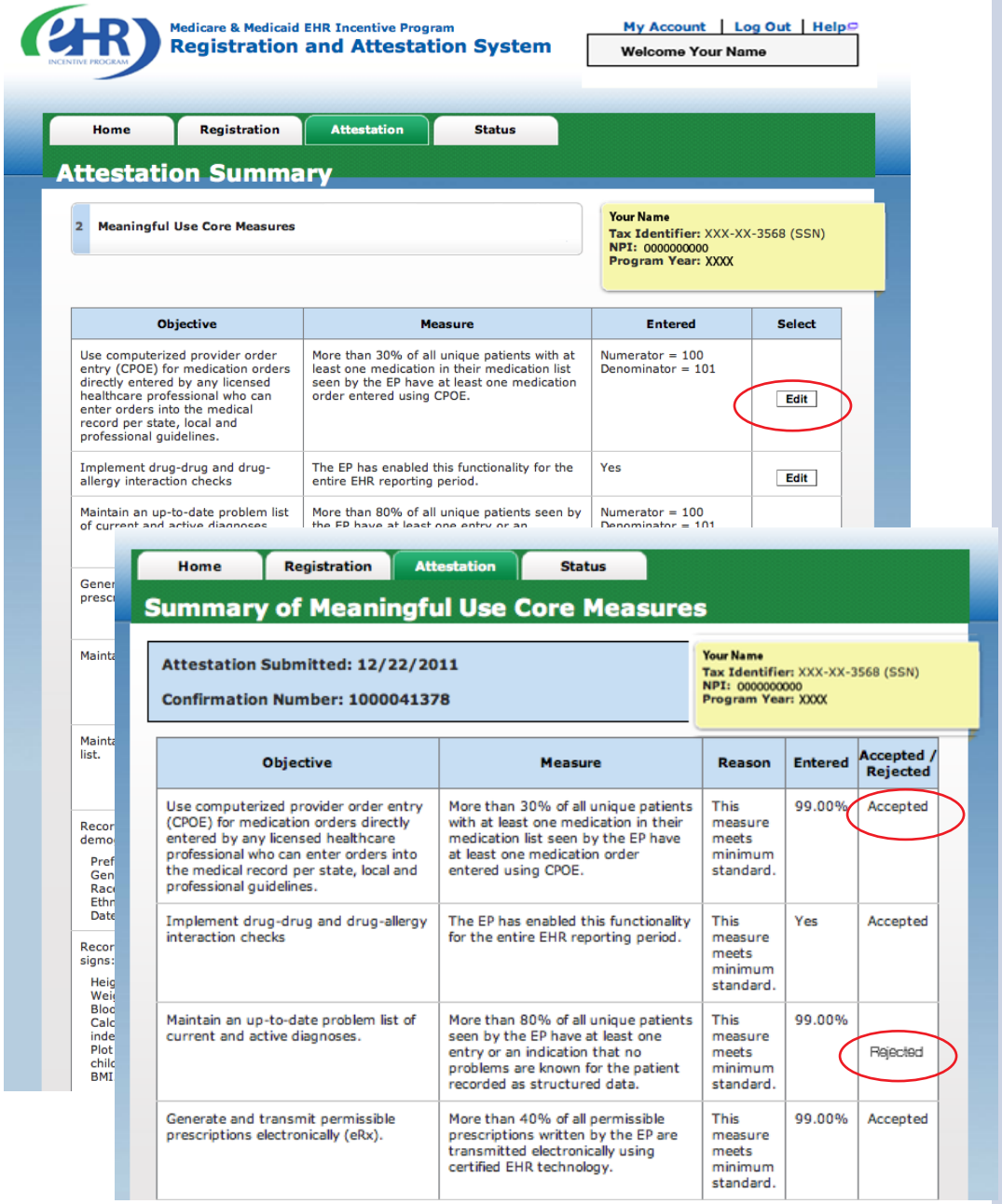
Choose the appropriate measure link from the summary of measures list

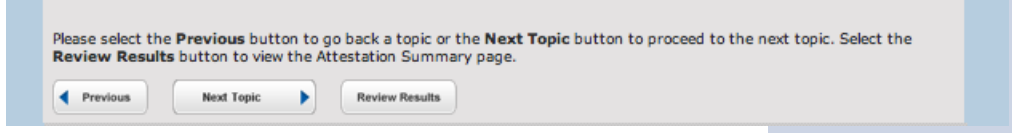
TIPS

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





STEPS

Review Summary of Meaningful Use Core Measures

Select *Edit*

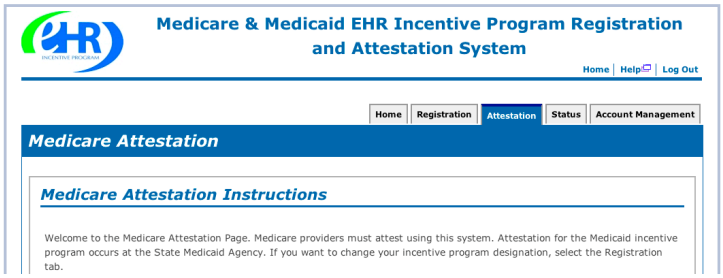
Review each measure for the Accepted/ Rejected status

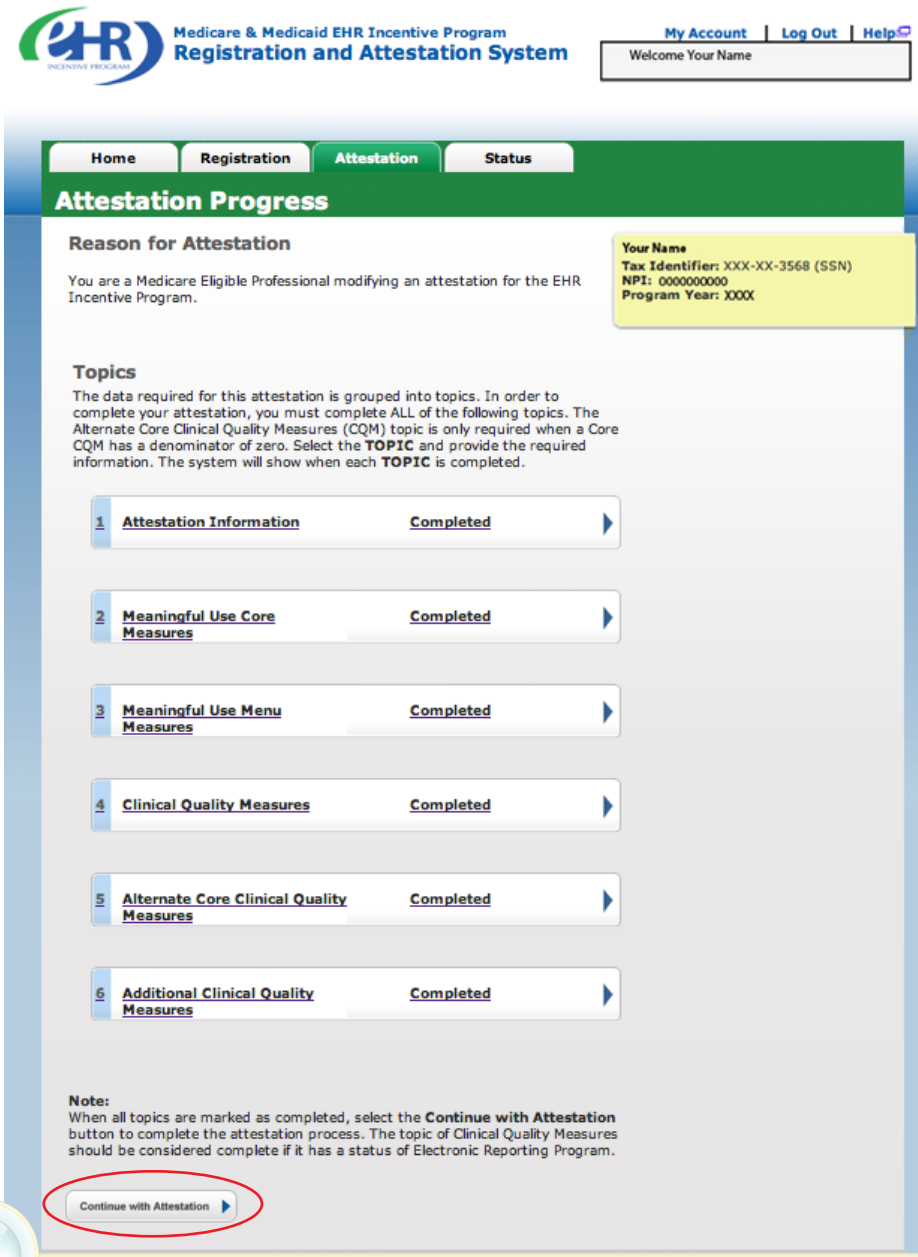
Click Next Topic to continue with the Menu measures

TIP

Print the Summary of Measures page for your future reference

Step 37 – Medicare Attestation – Resubmission





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

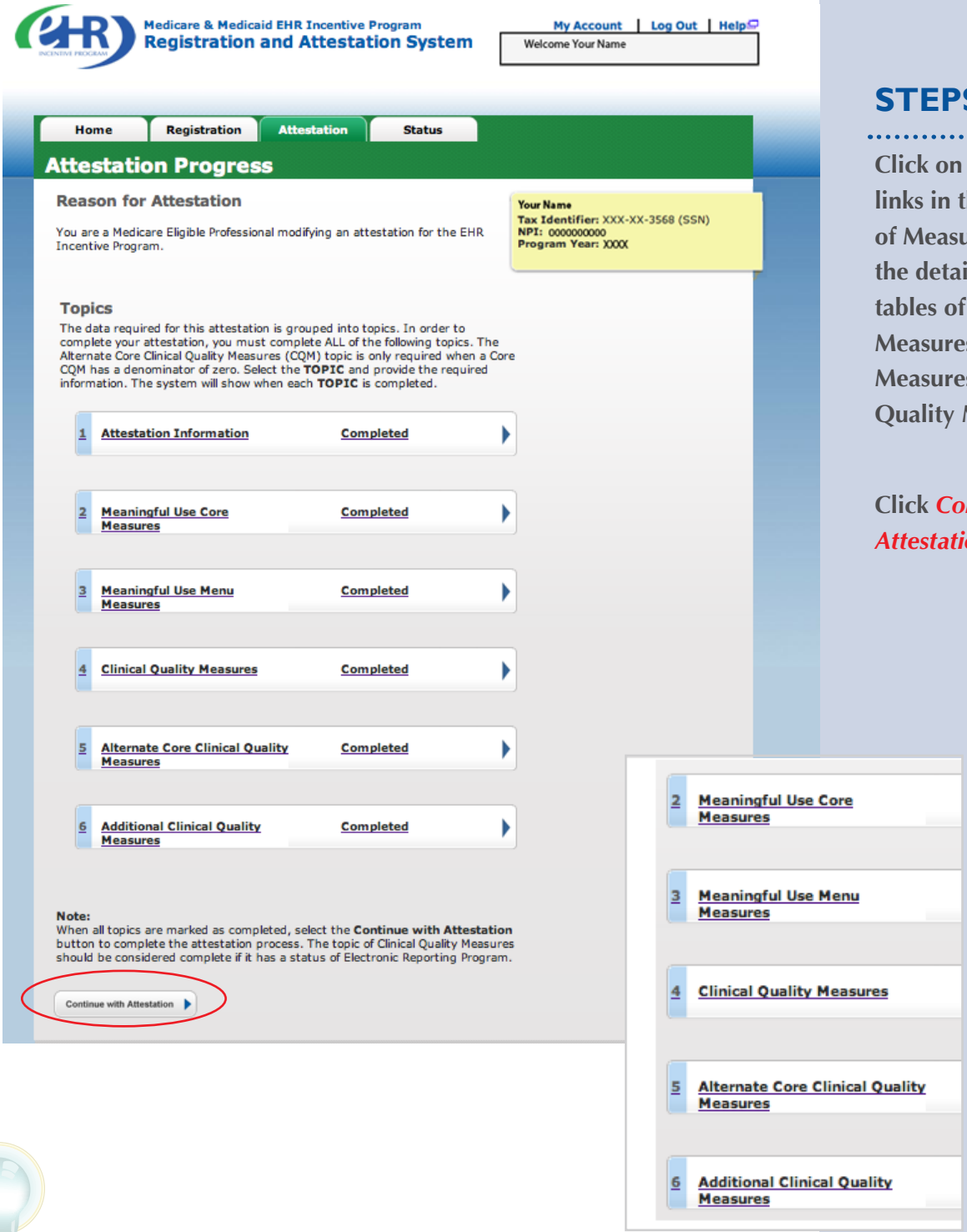
To attest for the Medicare EHR Incentive Program in subsequent years, you will need to have met meaningful use for a full year. Please note the reporting period for eligible professionals must fall within the calendar year.

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



STEPS

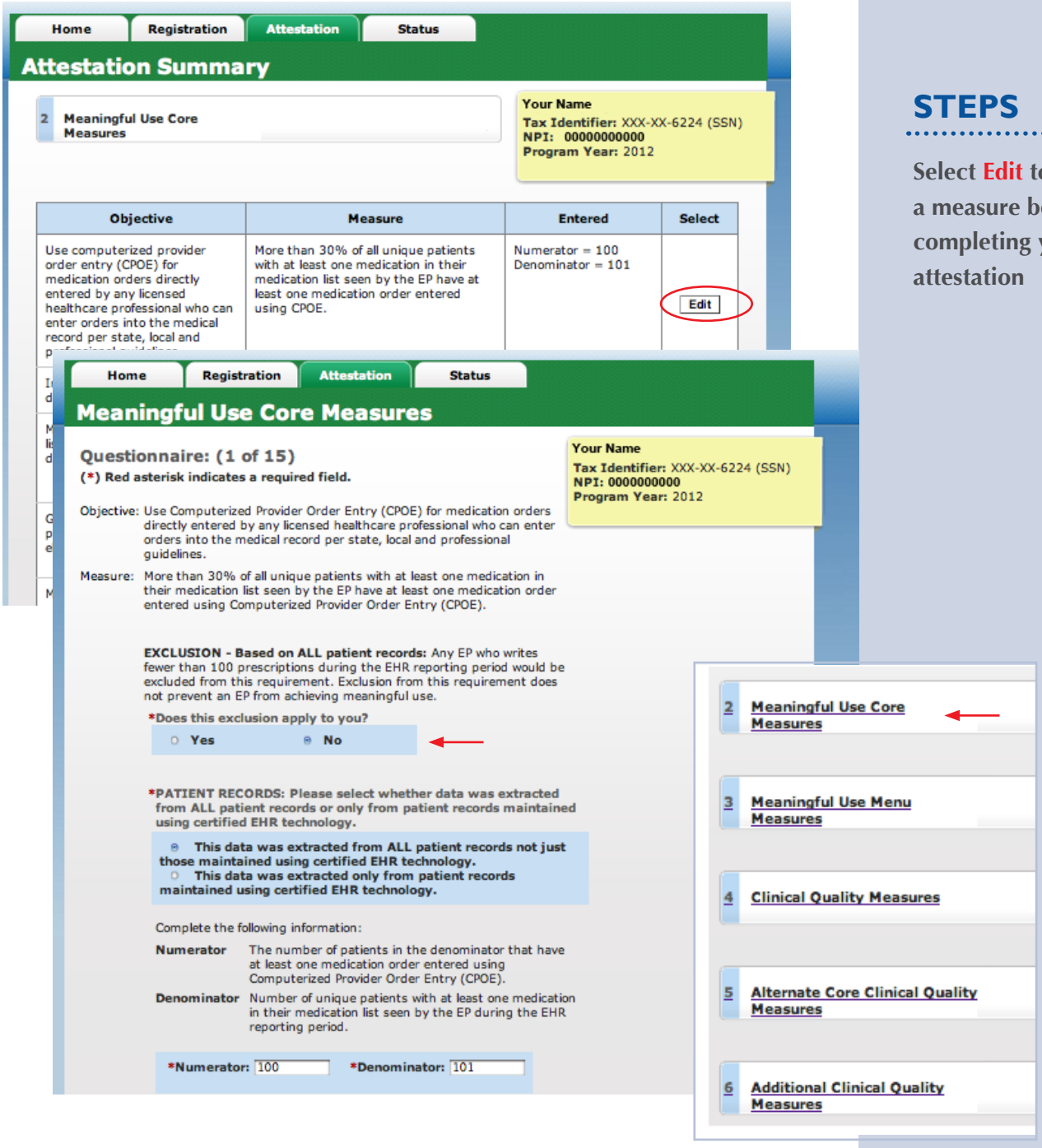
Click on each of the links in the Summary of Measures to view the details of the list tables of the Core Measures, Menu Measures and Clinical Quality Measures

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.)



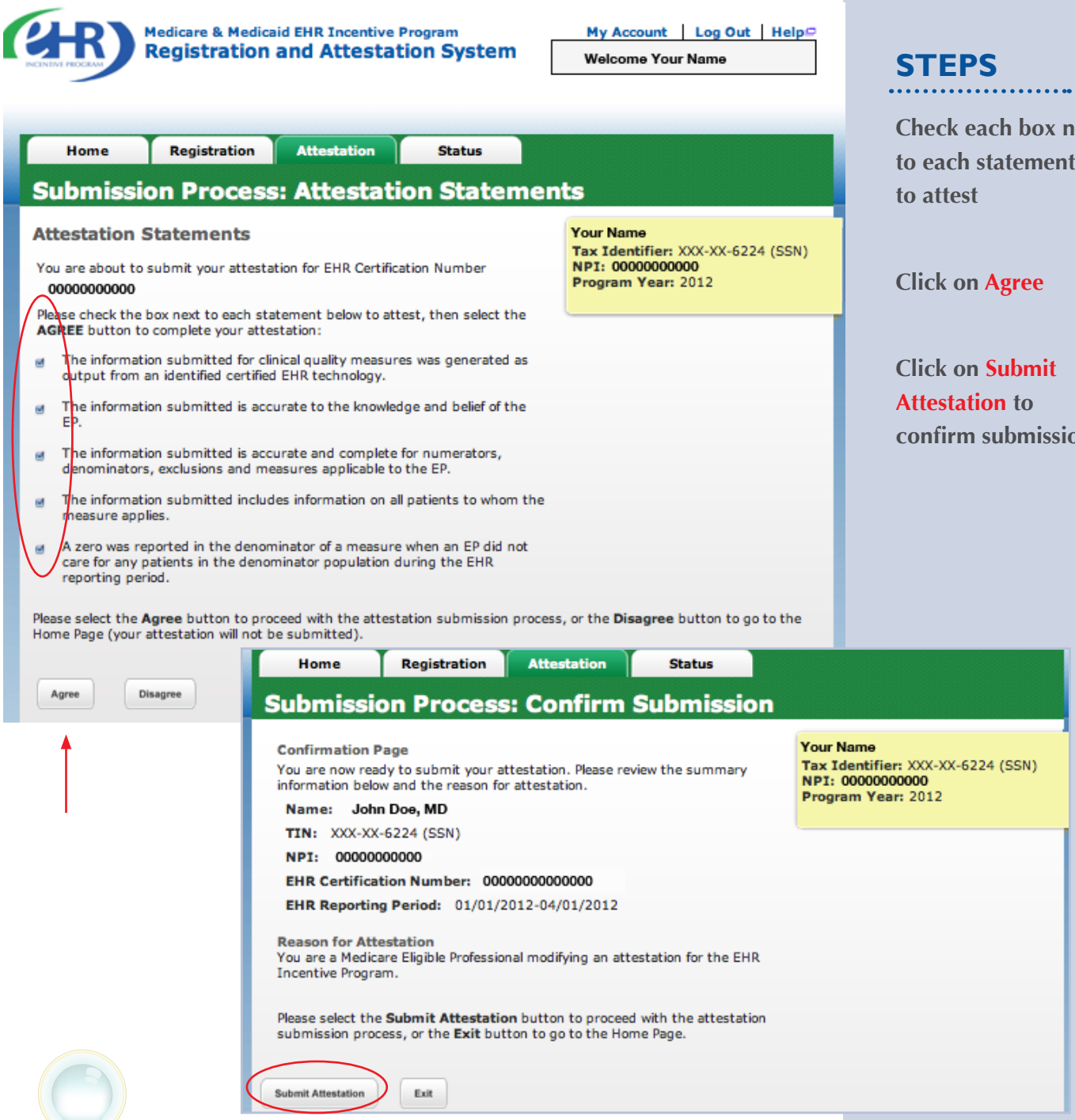
STEPS

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

TIP

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

Step 39 – Attestation Statements and Confirmation Page – Resubmission



STEPS

Check each box next to each statement to attest

Click on **Agree**

Click on **Submit Attestation** to confirm submission

TIP

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

Step 40 – Attestation Disclaimer

STEPS

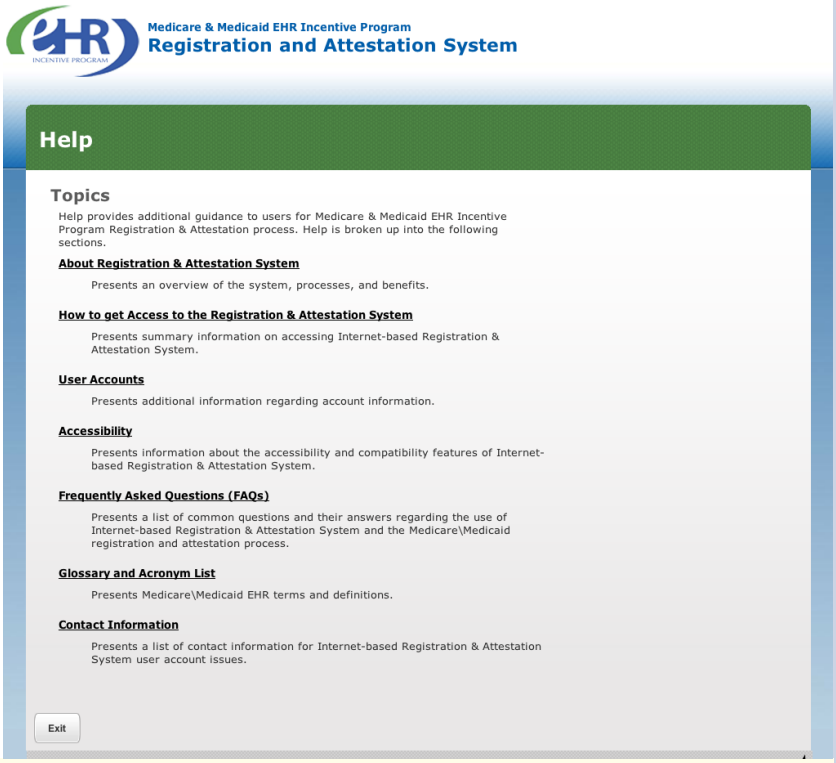
Read the Attestation Disclaimer and Click on Agree or Disagree

Click *Attest*

TIP

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

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: EUSSupport@cgi.com

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

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

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

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

ACRONYMS

Acronym Translation

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

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NOTES:

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