

# ***Understanding Attestation for the Medicare EHR Incentive Programs – Eligible Professionals***

Chicago Regional Office Webinar  
June 1, 2011

# Agenda


- Path to payment
  - Register
  - Attest
  - Payments
- Walkthrough of the Attestation Process
- Troubleshooting
- Helpful resources
- Q&A


# Register and Attest for the EHR Incentive Programs

- Visit the CMS EHR Incentive Programs website to,
  - Register for the EHR Incentive Programs
  - Attest for the *Medicare* EHR Incentive Programs

<https://www.cms.gov/EHRIncentivePrograms/>

# EHR Incentive Programs Website


U.S. Department of Health & Human Services


Centers for Medicare & Medicaid Services

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## EHR Incentive Programs

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## Overview



**The Official Web Site for the Medicare and Medicaid Electronic Health Records (EHR) Incentive Programs**

The Medicare and Medicaid EHR Incentive Programs will provide incentive payments to eligible professionals, eligible hospitals and critical access hospitals (CAHs) as they adopt, implement, upgrade or demonstrate meaningful use of certified EHR technology.

[Registration for the Medicare and Medicaid EHR Incentive Program](#) is now open. Participate early to get the maximum incentive payments!

Attestation for the Medicare EHR Incentive Program is now open. Visit the [Attestation](#) page for more information.

Check on the links below for up-to-date, detailed information about the Electronic Health Record (EHR) Incentive Programs.

- Use the [Path to Payment](#) page to find out how to participate in these programs.
- [Overview of the Medicare EHR Incentive Program.](#)
- [Overview of the Medicaid EHR Incentive Program.](#)
- [Calendar of important dates.](#)
- [Downloads and related links.](#)

# EHR Incentive Program Attestation Module - Login

**Login**

**Login Instructions**

(\*) Red asterisk indicates a required field.

**Eligible Professionals (EP)**

- 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.

**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.

WARNING: Only authorized registered users have rights to access the Medicare & Medicaid EHR Incentive Program Registration & Attestation System. Unauthorized access to this system is forbidden and will be prosecuted by law. By accessing this system users are subject to monitoring by system personnel. Anyone using this system expressly consents to monitoring and is advised that if such monitoring reveals possible evidence of criminal activity, system personnel may provide the evidence of such monitoring to law enforcement officials.

\* User ID:

\* Password:

LOG IN

Enter your  
NPPES  
User ID and  
Password

User ID and  
Password are  
case sensitive

Users working on behalf of an eligible professional(s) must have an Identity and Access Management (I&A) web user account

# Identity and Access Management system (I&A)

## ***Eligible Professionals (EP)***

- 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.

Users Working on Behalf of an Eligible Professional(s)

Click CREAT A LOGIN to obtain an I&A web user account

Instructions are found on page 6-12 of the Eligible Professional Attestation User Guide



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Welcome Sharon

Last Successful Login: 04/26/2011 | Unsuccessful Login Attempts: 0

### Notifications

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

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 tab to continue.

#### Registration Tab

Please select the Registration tab above to perform any of the following actions:

- Register in the Incentive Payment Program
- Continue Incomplete Registration
- Modify Existing Registration
- Resubmit a Registration that was previously deemed ineligible

#### Attestation Tab

Please select the Attestation tab above to perform any of the following actions:

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 Tab

Please select the Status tab above to perform the following action:

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

#### Account Management Tab

Please select the Account Management tab above to perform the following actions:

- Update your user account information
- Request access to organizations
- Remove access to organizations

There are five tabs to help you navigate the registration and attestation module

# Medicare Attestation Instructions

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## 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.

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
- 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 |
|----------|----------------|------------------------------------|-----------------------------|--------------|--------------|--------|
| Jane Doe | 52-123456      | 123456789                          |                             | -            | -            | Attest |

There are  
five  
attestation  
actions

Choose  
ATTEST to  
begin the  
attestation  
process





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



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### Topics for this Attestation

#### Reason for Attestation

- You are a Medicare Eligible Professional completing 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 Measure (CQM) is only required if any Core CQM has a denominator of zero. Select the START ATTESTATION button to begin your attestation. The system will show checks for each item when completed.

| Completed                | Topics                                   |
|--------------------------|--|
| <input type="checkbox"/> | Attestation Information                  |
| <input type="checkbox"/> | Meaningful Use Core Measures             |
| <input type="checkbox"/> | Meaningful Use Menu Measures             |
| <input type="checkbox"/> | Core Clinical Quality Measures           |
| <input type="checkbox"/> | Alternate Core Clinical Quality Measures |
| <input type="checkbox"/> | Additional Clinical Quality Measures     |

#### Note:

When all topics are marked as completed or N/A, please select the PROCEED WITH ATTESTATION button to complete the attestation process.

[<< PREVIOUS PAGE](#)

[START ATTESTATION >>](#)

[PROCEED WITH ATTESTATION >>](#)

In order to complete your attestation you must complete ALL of the topics  
Select START ATTESTATION to begin

# Attestation Information



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### Attestation Information

#### Attestation Information

(\*) Red asterisk indicates a required field.

**Name:** John Doe

**TIN:** XXX-XX-3829 (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:

\*EHR Reporting Period Start

Date (mm/dd/yyyy):

\*EHR Reporting Period End

Date (mm/dd/yyyy):

EHR reporting period

Please select the **SAVE AND CONTINUE** button to go to the next step in the attestation process.

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[SAVE AND CONTINUE](#)

To obtain your  
EHR  
Certification  
Number visit,

Office of the  
National  
Coordinator for  
Health IT (ONC)  
website

<http://healthit.hhs.gov/chpl>

Enter the EHR Certification Number and the EHR reporting period for this attestation

# Meaningful Use Core Measures

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## 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 CPOE.

**\*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.

**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

Please select the **PREVIOUS PAGE** button to go back or the **SAVE & CONTINUE** button to proceed.

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Some measures require whether data that you indicate was extracted from ALL patient records or from patient records maintained using certified EHR technology

There are 15 meaningful use core measures

# Meaningful Use Core Measure

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**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.

**\*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.

**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

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:**     **\*Denominator:**

Please select the **PREVIOUS PAGE** button to go back or the **SAVE & CONTINUE** button to proceed.

PREVIOUS PAGE
SAVE AND CONTINUE

Eligible Professionals can be excluded from meeting an objective if they meet the requirements of the exclusion

# Meaningful Use Core Measures

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**Meaningful Use Core Measures**

**Questionnaire: (11 of 15)**

(\*) Red asterisk indicates a required field.

Objective: Implement one clinical decision support rule relevant to specialty or high clinical priority along with the ability to track compliance to that rule.

Measure: Implement one clinical decision support rule.

Complete the following information:

☒ Yes ☐ No

Please select the **PREVIOUS PAGE** button to go back or the **SAVE & CONTINUE** button to proceed.

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

# Meaningful Use Core Measures

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**Meaningful Use Core Measures**

**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:  \*Denominator:

Please select the **PREVIOUS PAGE** button to go back or the **SAVE & CONTINUE** button to proceed.

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Enter  
numerator  
and  
denominator  
for the  
measure

Numerator  
and  
denominator  
must be  
positive  
whole  
numbers

# Meaningful Use Menu Measures



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### Meaningful Use Menu Measures

#### Questionnaire

##### Instructions:

EPs must report on a total of five (5) Meaningful Use Menu Measures. At least one of the five measures must be from the public health menu measures. Should the EP be able to successfully meet only one of these public health menu measures, the EP must select and report on that measure to CMS. Having met one public health menu measure, the EP must then select any other four measures from the Meaningful Use Menu Measures. In selecting the remaining four measures, the EP may select any combination of the remaining public health menu measures or from the additional Meaningful Use Menu Measures in the list below.

If an EP meets the criteria for and can claim an exclusion for both of the public health menu measures, the EP must still select one public health menu measure and attest that the EP qualifies for the exclusion. The EP must then select any other four measures from the menu measures, which can be any combination of the remaining public health menu measures or from the additional Meaningful Use Menu Measures in the list below. CMS encourages EPs to select menu measures that are relevant to their scope of practice and to claim an exclusion for a menu measure only in cases where there are no remaining menu measures for which they qualify or if there are no remaining menu measures that are relevant to their scope of practice.

## Report a total of five menu measures

*Note: you may log out at any point during this attestation*

# Public Health Measures

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

| 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 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"/> |

Select up to two from the Public Health Measures



# Additional Measures

**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 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 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 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 EP's 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 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 PAGE** button to go back to the Topics Page, or the **CONTINUE** button to proceed.

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Submit additional menu measure objectives until a total of five menu measures have been selected

Only the five chosen measures will present on the next five screens

# Public Health Menu Measure



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### Meaningful Use Menu Measures

#### Questionnaire: (1 of 5)

(\*) 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

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# Public Health Menu Measure

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## Meaningful Use Menu Measures

### Questionnaire: (2 of 5)

(\*) Red asterisk indicates a required field.

**Objective:** Capability to submit electronic syndromic surveillance data to public health agencies and actual submission in accordance with applicable law and practice.

**Measure:** 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).

**EXCLUSION 1 - Based on ALL patient records:** If an EP does not collect any reportable syndromic information on their patients during the EHR reporting period, then the EP is 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 public health agency that has the capacity to receive the information electronically, then the EP is 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 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)?

☒ Yes
 ☐ No

Please select the **PREVIOUS PAGE** button to go back or the **SAVE & CONTINUE** button to proceed.

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# Menu Measure

## Exclusions example

|      |              |             |        |                    |
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|------|--------------|-------------|--------|--------------------|

### Meaningful Use Menu Measures

#### Questionnaire: (3 of 5)

(\*) Red asterisk indicates a required field.

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

Please select the **PREVIOUS PAGE** button to go back or the **SAVE & CONTINUE** button to proceed.

# Menu Measure

## Patient Records example



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#### Meaningful Use Menu Measures

##### Questionnaire: (5 of 5)

(\*) Red asterisk indicates a required field.

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

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# Menu Measure

## Numerator and Denominator example

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### Meaningful Use Menu Measures

#### Questionnaire: (4 of 5)

(\*) 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:

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# Core Clinical Quality Measures

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**Core 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:

\*Numerator:

Please select the **PREVIOUS** button to go back to the Topics Page, or the **SAVE & CONTINUE** button to proceed.

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Each Eligible Professional must report on three core Clinical Quality measures (or alternate core) and three additional quality measures

**Denominator is entered before numerator for the clinical quality measures**

*You will be reporting on a minimum of 6 Clinical Quality Measures (CQMs) or a maximum of 9 CQMs*

# Core Clinical Quality Measures

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|---|

**Core 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 / PQRS 114**

**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:

---

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# Core Clinical Quality Measures

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## Core 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 / PQRS 128**

**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:

\*Numerator:

\*Exclusion:

#### Population Criteria 2

\*Denominator:

\*Numerator:

\*Exclusion:

Please select the **PREVIOUS PAGE** button to go back or the **SAVE & CONTINUE** button to proceed.

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Enter  
denominator,  
numerator *and*  
exclusion\* (if  
applicable) for  
the three CQMs

\*Exclusion  
refers to the  
patient  
population

# Alternate Clinical Quality Measures

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**Alternate Clinical Quality Measures**

**Questionnaire**

**Instructions:**

You have entered a denominator of zero for one of your Core Clinical Quality Measures. You must submit one Alternate Core Clinical Quality Measure.

**Please select one Alternate Clinical Quality Measure 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 type="checkbox"/> |
| NQF 0041 / PQRS 110 | <b>Title:</b> Preventive Care and Screening: Influenza Immunization for Patients ≥ 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 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 type="checkbox"/> |

Please select the **PREVIOUS PAGE** button to go back or the **SAVE & CONTINUE** button to proceed.

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The screen will prompt you with the number of alternate core CQMs you must select

That number is based on the number of zeros you reported in the denominators of core CQMs

# Additional Quality Measures

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**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 / PQRS 1   | <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 / PQRS 2   | <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 / PQRS 3   | <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 / PQRS 5   | <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 / PQRS 7   | <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 / PQRS 111 | <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 / PQRS 112 | <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 / PQRS 113 | <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"/> |

Select three additional CQMs from the list of forty-four measures

# Additional Quality Measures

## Additional Clinical Quality Measures

### Questionnaire: (1 of 3)

(\*) Red asterisk indicates a required field.

**NQF 0059 / PQRS 1**

**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:



Please select the **PREV**

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Enter denominator,  
numerator for the CQMs  
and exclusion  
(if applicable) for all  
three measures

## Additional Clinical Quality Measures

### Questionnaire: (2 of 3)

(\*) Red asterisk indicates a required field.

**NQF 0034 / PQRS 113**

**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:



Please select the **PREVIOUS PAGE** button to go back or the **SAVE & CONTINUE** button to proceed.

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# Topics for this Attestation



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**Topics for this Attestation**

**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 Measure (CQM) is only required if any Core CQM has a denominator of zero. Select the MODIFY ATTESTATION button to modify any previously entered information. The system will display check marks for those item(s) completed.

| Completed | Topics   |
|-----------|--|
| ✓         | <a href="#">Attestation Information</a>              |
| ✓         | <a href="#">Meaningful Use Core Measures</a>         |
| ✓         | <a href="#">Meaningful Use Menu Measures</a>         |
| ✓         | <a href="#">Core Clinical Quality Measures</a>       |
| ✓         | Alternate Core Clinical Quality Measures             |
| ✓         | <a href="#">Additional Clinical Quality Measures</a> |

**Notes:**

When all topics are marked as completed or N/A, please select the PROCEED WITH ATTESTATION button to complete the attestation process.

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Once you have completed the attestation information, checkmarks will indicate the completed topics

Choose PROCEED WITH ATTESTATION to review the summary of measures or MODIFY ATTESTATION to start the process from the Attestation Information screen

# Summary of Measures

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## Summary of Measures

Please select the desired measure link below to review the details of your attestation. This is your last chance to view/edit the information you have entered before you attest. Please review your information as you will be unable to edit your information after you attest.

[Meaningful Use Core Measures List Table](#)  
[Meaningful Use Menu Measures List Table](#)  
[Clinical Quality Measures List Table](#)

Please select the **PREVIOUS PAGE** button to go back, or the **CONTINUE** button to skip viewing the summary and proceed with the attestation submission process.

[PREVIOUS PAGE](#) [CONTINUE](#)

Select the measure links to review the details of your attestation  
***This is your last chance to view/edit the information you have entered before you attest***

# Summary of Measures

## Meaningful Use Core Measure List Table



Medicare & Medicaid EHR Incentive Program Registration  
and Attestation System

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### Summary of Measures

#### Meaningful Use Core Measure List Table

| 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.                        | Excluded                            | <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 = 80<br>Denominator = 100 | <a href="#">EDIT</a> |
| 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.   | Excluded                            | <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 = 80<br>Denominator = 100 | <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  | Numerator = 80<br>Denominator = 100 | <a href="#">EDIT</a> |

**Edit your entries before attesting**

# Modify each Measure Individually

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**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).

\***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.

**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

Please select the **PREVIOUS PAGE** button to go back or the **SAVE & CONTINUE** button to proceed.

[RETURN TO SUMMARY PAGE](#) [SAVE AND CONTINUE](#)



# Summary of Measures, continued



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

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### Summary of Measures

#### Meaningful Use Menu Measure List Table

| Objective   | Measure  | Entered                             | 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 eligible hospital or CAH submits such information have the capacity to receive the information electronically). | Yes                                 | <a href="#">EDIT</a> |
| Generate lists of patients by specific conditions to use for quality improvements, reduction of disparities, or outreach.   | Generate at least one report listing patients of the eligible hospital or CAH with a specific condition.   | Yes                                 | <a href="#">EDIT</a> |
| Use certified EHR technology to identify patientspecific education resources and provide those resources to the patient if appropriate.   | More than 10 percent of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are provided patient-specific education resources.   | Numerator = 99<br>Denominator = 100 | <a href="#">EDIT</a> |
| The eligible hospital or CAH who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation.   | The eligible hospital or CAH performs medication reconciliation for more than 50% of transitions of care in which the patient is admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23).  | Numerator = 99<br>Denominator = 100 | <a href="#">EDIT</a> |
| The eligible hospital or CAH that 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 eligible hospital or CAH that transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 50% of transitions of care and referrals.   | Numerator = 99<br>Denominator = 100 | <a href="#">EDIT</a> |

Select the **CONTINUE TO ATTEST** button to skip viewing the summary of measures and proceed with your attestation. Select the **PREVIOUS PAGE** button to view the summary of Meaningful Use Core Measures. Select the **NEXT PAGE** button to view the summary of Clinical Quality Measures.

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Choose  
NEXT PAGE to  
review and  
edit the  
remaining  
measures

When  
complete,  
choose  
CONTINUE TO  
ATTEST

# Submission Process: Attestation Statements



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

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### Submission Process: Attestation Statements

#### Attestation Statements

You are about to submit your attestation for EHR Certification Number **123456789123456**.

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 **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.

**DISAGREE**

**AGREE**

Check the box next to each statement to attest  
Choose AGREE to complete your attestation

# Attestation Disclaimer



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## 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.

Read the disclaimer and choose AGREE to continue your attestation

# Submission Receipt



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## 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 **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.

### Attestation Tracking Information

**Attestation Confirmation Number:** 1000002373

**Name:** John Doe

**TIN:** XXX-XX-6873 (SSN)

**NPI:** 1234567890

**EHR Certification Number:** 30000001SVJ6EAK

**EHR Reporting Period:** 01/12/2011 - 05/19/2011

**Attestation Submission Date:** 03/16/2011

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

Please select the PRINT button to print this page, the SUMMARY OF MEASURES button to view all submitted measures, or the HOME button to go to the Home Page.

[PRINT](#)

[SUMMARY OF MEASURES](#)

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Print this page for your records

***Your attestation is locked and cannot be edited***

# Rejected Attestation

|      |              |                    |        |                    |
|------|--------------|--------------------|--------|--------------------|
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|------|--------------|--------------------|--------|--------------------|

## 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.

### Attestation Tracking Information

**Attestation Confirmation Number:** 1000002356

**Name:** John Doe

**TIN:** XXX-XX-1334 (SSN)

**NPI:** 1234567890

**EHR Certification Number:** jf87hdlp09dnhvj

**EHR Reporting Period:** 01/01/2011 - 04/01/2011

**Attestation Submission Date:** 03/15/2011

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

Please select the PRINT button to print this page, the SUMMARY OF MEASURES button to view all submitted measures, or the HOME button to go to the Home Page.

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You did not meet one or more of the meaningful use minimum standards

Choose SUMMARY OF MEASURES to review your entries

# Summary of Measures (rejected attestation)

| Home   | Registration   | Attestation                                  | Status   | Account Management  |
|--|--|--|----------|---------------------|
| <b>Summary of Measures</b>   |  |  |          |                     |
| <b>Summary of Meaningful Use Menu Measures</b>   |  |  |          |                     |
| Objective  | Measure  | Reason                                       | Entered  | Accepted / Rejected |
| Capability to submit electronic data to immunization registries or immunization information systems and actual submission according to 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 eligible hospital or CAH submits such information has the capacity to receive the information electronically).                           | This measure does not meet minimum standard. | No       | Rejected            |
| Capability to submit electronic data on reportable (as required by State or local law) lab results to public health agencies and actual submission in accordance with applicable law and practice. | Performed at least one test of certified EHR technology capacity to provide electronic submission of reportable lab results to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which eligible hospital or CAH submits such information have the capacity to receive the information electronically). | This measure meets minimum standard.         | Excluded | Accepted            |
| Incorporate clinical lab-test results into EHR as structured data.   | More than 40% of all clinical lab tests results ordered by an authorized provider of the eligible hospital or CAH for patients admitted to its inpatient or emergency department (POS 21 or 23) during the EHR reporting period whose results are either in a positive/negative or numerical format are incorporated in certified EHR technology as structured data.         | This measure meets minimum standard.         | 90.90%   | Accepted            |

Please select the **HOME** button to go to the Home Page, or the **NEXT PAGE** button to view the summary of Clinical Quality Measures.

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# Rejected Attestation

Reassess/modify your practice so that you can meet the measure(s)

- Resubmit your attestation information again
- Re-submit new information

Review your documentation

- If an error is found correct and re-submit

You may submit an attestation for a different reporting period during the first payment year to successfully demonstrate meaningful use

- The 90-day reporting period can be a day later (example 03/01/11 through 05/31/11 versus 03/02/11 through 06/01/11). That will mean that the eligible professional will have to recalculate numerator and denominator information





# Helpful Resources

- CMS EHR Incentive Program website  
[www.cms.gov/EHRIncentivePrograms](http://www.cms.gov/EHRIncentivePrograms)
  - Frequently Asked Questions (FAQs)
  - Final Rule
  - Meaningful Use Attestation Calculator
  - Attestation User Guides
  - Listserv
- HHS Office of National Coordinator Health IT -  
certified EHR technology list  
<http://healthit.hhs.gov/CHPL>





# User Guides and Other Resources

Below are step-by-step guides to help you register for EHR Incentive Programs. Choose the guide that fits your needs:

- [Registration User Guide for Eligible Professionals](#)  - Medicare Electronic Health Record (EHR) Incentive Program.
- [Registration User Guide for Eligible Professionals](#)  - Medicaid Electronic Health Record (EHR) Incentive Program.
- [Registration User Guide for Eligible Hospitals](#)  - Medicare and Medicaid Electronic Health Record (EHR) Incentive Program.
- [Medicare and Medicaid EHR Incentive Program Webinar for Eligible Professionals](#) - This tutorial video will provide Eligible Professionals with a step-by-step guide to help ensure the registration process is a success.
  - [A transcript of this webinar is available](#) .

Below are step-by-step Attestation User Guides to help you attest for the Medicare EHR Incentive Program. You can also use our Attestation Worksheet, Meaningful Use Attestation Calculator, and educational webinar to help you prepare for and complete the attestation process:

- [Attestation User Guide for Eligible Hospitals](#) 
- [Attestation User Guide for Medicare Eligible Professionals](#) 
- [Meaningful Use Attestation Calculator \(version 1\)](#)
- [Electronic Specifications for clinical quality measures \(COM\)](#)

**The Electronic Health Record (EHR) Information Center** is open to assist the EHR Provider Community with inquiries.

1-888-734-6433. TTY users should call 1-888-734-6563.

**EHR Information Center Hours of Operation:** 7:30 a.m. – 6:30 p.m. (Central Time) Monday through Friday, except federal holidays.

[Submit an Inquiry to the EHR Information Center](#)

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# Questions & Answers