



Understanding Attestation for the Medicare EHR Incentive Program – Eligible Professionals & Hospitals

June 23, 2011





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 www.hhs.gov

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EHR Incentive Programs	Overview
<ul style="list-style-type: none">» Overview» Path to Payment» Eligibility» Registration» Certified EHR Technology» CMS EHR Meaningful Use Overview» Attestation» Medicare and Medicaid EHR Incentive Program Basics» Medicaid State Information» Medicare Advantage» Spotlight and Upcoming Events» Educational Materials» EHR Incentive Program Regulations and Notices» CMS EHR Incentive Programs Listserv» Frequently Asked Questions (FAQs)	 <p>The Official Web Site for the Medicare and Medicaid Electronic Health Records (EHR) Incentive Programs</p> <p>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.</p> <p>Registration for the Medicare and Medicaid EHR Incentive Program is now open. Participate early to get the maximum incentive payments!</p> <p>Attestation for the Medicare EHR Incentive Program is now open. Visit the Attestation page for more information.</p> <p>Check on the links below for up-to-date, detailed information about the Electronic Health Record (EHR) Incentive Programs.</p> <ul style="list-style-type: none">• 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:

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



Home Registration **Attestation** Status Account Management

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

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

Medicare Attestation

Medicare Attestation Instructions

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

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

Attestation Information



Medicare & Medicaid EHR Incentive Program Registration and Attestation System

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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.

[PREVIOUS PAGE](#)

[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

Home Registration **Attestation** Status Account Management

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.

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

Home Registration **Attestation** Status Account Management

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.

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

Meaningful Use Core Measures

Home Registration **Attestation** Status Account Management

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.

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

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



Meaningful Use Core Measures

Home Registration **Attestation** Status Account Management

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.

Enter
numerator
and
denominator
for the
measure

Numerator
and
denominator
must be
positive
whole
numbers



Meaningful Use Menu Measures



Medicare & Medicaid EHR Incentive Program Registration
and Attestation System

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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"/>

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

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

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

Core Clinical Quality Measures



Home Registration **Attestation** Status Account Management

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.

« PREVIOUS PAGE

SAVE AND CONTINUE »

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:

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

PREVIOUS PAGE

SAVE AND CONTINUE



Core Clinical Quality Measures

Home Registration **Attestation** Status Account Management

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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[SAVE AND CONTINUE](#)

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

*Exclusion refers to the patient population



Alternate Clinical Quality Measures

Home Registration **Attestation** Status Account Management

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	Title: Weight Assessment and Counseling for Children and Adolescents	Description: Percentage of patients 2 -17 years of age who had an outpatient visit with a Primary Care Physician (PCP) or OB/GYN and who had evidence of BMI percentile documentation, counseling for nutrition and counseling for physical activity during the measurement year.	<input type="checkbox"/>
NQF 0041 / PQRS 110	Title: Preventive Care and Screening: Influenza Immunization for Patients ≥ 50 Years Old	Description: 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	Title: Childhood Immunization Status	Description: Percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); two influenza type 3 (H1N1); 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.

PREVIOUS PAGE **CONTINUE**

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	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%.	<input type="checkbox"/>
NQF 0064 / PQRS 2	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.	<input type="checkbox"/>
NQF 0061 / PQRS 3	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.	<input type="checkbox"/>
NQF 0081 / PQRS 5	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.	<input type="checkbox"/>
NQF 0070 / PQRS 7	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.	<input type="checkbox"/>
NQF 0043 / PQRS 111	Title: Pneumonia Vaccination Status for Older Adults	Description: Percentage of patients 65 years of age and older who have ever received a pneumococcal vaccine.	<input type="checkbox"/>
NQF 0031 / PQRS 112	Title: Breast Cancer Screening	Description: Percentage of women 40-69 years of age who had a mammogram to screen for breast cancer.	<input type="checkbox"/>
NQF 0034 / PQRS 113	Title: Colorectal Cancer Screening	Description: 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 thirty-eight measures

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
<input checked="" type="checkbox"/>	Attestation Information
<input checked="" type="checkbox"/>	Meaningful Use Core Measures
<input checked="" type="checkbox"/>	Meaningful Use Menu Measures
<input checked="" type="checkbox"/>	Core Clinical Quality Measures
<input checked="" type="checkbox"/>	Alternate Core Clinical Quality Measures
<input checked="" 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.

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

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.

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








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	
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	
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 Denominator = 100	
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 Denominator = 100	
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 Denominator = 100	

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.

Edit your entries before attesting

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-5873 (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](#) [HOME](#)

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.

[PRINT](#) [SUMMARY OF MEASURES](#) [HOME](#)

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)

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Summary of Measures

Summary of Meaningful Use Menu Measures

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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Helpful Resources

- CMS EHR Incentive Program website
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>



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Questions & Answers

