



ATTESTATION USER GUIDE

For Eligible Hospitals and
Critical Access Hospitals

Medicare Electronic Health Record (EHR) Incentive Program



JULY 2012
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Medicare regulations can be found on the CMS Web site at <http://www.cms.gov>

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Disclaimer

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

Although every reasonable effort has been made to assure the accuracy of the information within these pages at the time of posting, the Medicare program is constantly changing, and it is the responsibility of each eligible hospital to remain abreast of the Medicare program requirements. Medicare regulations can be found on the CMS Web site at <http://www.cms.gov>. Specific information about the Medicare and Medicaid EHR Incentive Programs can be found at <http://www.cms.gov/EHRIncentivePrograms>.

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



Step I – Getting Started

Medicare Eligible Hospitals, Medicare & Medicaid Eligible Hospitals and Critical Access Hospitals (CAHs) must attest to their meaningful use of certified electronic health record (EHR) technology using this ATTESTATION module.

Medicaid- only eligible hospitals should contact their states for information about how to attest.

This is a step-by-step guide for the Medicare Eligible Hospitals EHR Incentive Program ATTESTATION module. This guide will help you navigate the Attestation module. The user guide page layout consists of the attestation screen on the left side of the page and written instructions with helpful tips on the bottom of the page.

STEPS

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

Click **Continue** to start the attestation process



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

About This Site

The Medicare and Medicaid Electronic Health Records (EHR) Incentive Programs will provide incentive payments to eligible professionals and eligible hospitals as they demonstrate adoption, implementation, upgrading, or meaningful use of certified EHR technology. These incentive programs are designed to support providers in this period of Health IT transition and instill the use of EHRs in meaningful ways to help our nation to improve the quality, safety, and efficiency of patient health care.

This web system is for the Medicare and Medicaid EHR Incentive Programs. Those wanting to take part in the program will use this system to register and participate in the program.

Additional Resources: For User Guides to Registration and Attestation that will show you how to complete these modules, a list of EHR technology that is certified for this program, specification sheets with additional information on each Meaningful Use objective, and other general resources that will help you complete registration and attestation, please visit [CMS website](#).

Eligible to Participate - There are two types of groups who can participate in the programs. For detailed information, visit [CMS website](#).

Overview of Eligible Professional (EP) and Eligible Hospital Types

Eligible Professionals (EPs)

Medicare EPs include:

- Doctors of Medicine or Osteopathy
- Doctors of Dental Surgery or Dental Medicine
- Doctors of Podiatric Medicine
- Doctors of Optometry
- Chiropractors

Medicaid EPs include:

- Physicians
- Nurse Practitioners
- Certified Nurse - Midwife
- Dentists
- Physicians Assistants who practice in a Federally Qualified Health Center (FQHC) or Rural Health Center (RHC) that is led by a Physician Assistant.

Further, Medicaid EPs must also:

- Have a minimum of 30% Medicaid patient volume (20% minimum for pediatricians), OR
- Practice predominantly in a FQHC or RHC and have at least 30% patient volume to needy individuals.

Medicare Advantage Organization (MAO) EPs - A qualifying MAO may receive an incentive payment for their EPs. For more information, visit [CMS website](#).

NOTE: EPs may NOT be hospital-based. This is defined as any provider who furnishes 90% or more of their services in a hospital setting (inpatient or emergency room).

Eligible Hospitals

Medicare Eligible Hospitals include:

- Subsection (d) hospitals in the 50 states or DC that are paid under the hospital inpatient prospective payment system. Hospitals in Maryland may also participate per law.
- Critical Access Hospitals (CAHs)
- Medicare Advantage Affiliated hospitals (MA-Affiliated Hospitals)

Medicaid Eligible Hospitals include:

- Acute Care Hospitals with at least 10% Medicaid patient volume. May include CAHs and cancer hospitals.
- Children's Hospitals

Continue ▶



TIP

To determine your eligibility, click on the CMS website.

Step 1 - (Cont.)

Carefully read the screen for important information.



STEPS

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

Click **Continue**

Warning

(*) Red asterisk indicates a required field.


WARNING: Only authorized registered users have rights to access the Medicare & Medicaid EHR Incentive Program Registration & Attestation System.

Please verify the following statements:

- You are accessing a U.S. Government information system
- The U.S. Government maintains ownership and responsibility for its computer systems
- Users must adhere to [U.S. Government Information Security Policies, Standards, and Procedures. \[PDF, 96.6 KB\]](#)
- Usage of this system may be monitored, recorded, and audited
- Unauthorized use is prohibited and subject to criminal and civil penalties
- The use of the information system establishes consent to any and all monitoring and recording of activities

***Check this box to indicate you acknowledge that you are aware of the above statements**

Select the **Continue** button to go to the LOGIN page or select the **Previous** button to go back to the WELCOME page

[Web Policies & Important Links](#)
[Department of Health & Human Services](#)


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



TIP

For more information on the U.S. Government Information Security Policies, Standards and Procedures, click on the link in the body of the screen

Step 2– Login Instructions for Eligible Professionals



Login Instructions

Eligible Professionals (EPs)

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

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

Eligible Hospitals

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

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

Associated with both Eligible Professionals (EPs) and Eligible Hospitals

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

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

Account Management

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

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

(*) Red asterisk indicates a required field.

*User ID:

*Password:

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

[Web Policies & Important Links](#)

[Department of Health & Human Services](#)

[CMS.gov](#)

[Accessibility](#)

[File Formats and Plugins](#)



STEPS

If you are an Eligible Hospital, you must have an active NPI

If you do not have an NPI, you may apply for an NPI in NPPES. Click the link in the body of the screen

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's NPI

If you are working on behalf of an Eligible Hospital(s) and do not have an I&A web user account, click Create a Login in the body of the screen

Click **Log in**



TIPS

To contact the I&A help desk, call; 1(866) 484-8049 or email EUSupport@cgi.com

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

User name and password are case sensitive

Step 2 – Welcome screen for the EHR Incentive Program (cont.)



Medicare & Medicaid EHR Incentive Program
Registration and Attestation System

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

Welcome Your Name

Home

Registration

Attestation

Status

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

Last Successful Login: 01/03/2012 | Unsuccessful Login Attempts: 0

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

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

Instructions

Select any topic to continue.

Registration

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

Attestation

Medicare

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

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

Status

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



[Web Policies & Important Links](#)

[Department of Health & Human Services](#)

[CMS.gov](#)

[Accessibility](#)

[File Formats and Plugins](#)



TIPS

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

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

STEPS

Click on the **Attestation Tab** to continue attesting for the EHR Incentive Program

Step 3 – Attestation Instructions



Medicare & Medicaid EHR Incentive Program
Registration and Attestation System

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

Welcome Your Name

Home

Registration

Attestation

Status

Attestation

Medicare Attestation Instructions

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

For information on the meaningful use requirements for attestation, please visit the [Meaningful Use Information page](#).

Depending on the current status of your Medicare attestation, please select one of the following actions:

- Attest** Begin Medicare attestation to meaningful use of EHR technology
- Modify** Modify a previously started Medicare attestation that has not yet been submitted
- Cancel** Inactivate a Medicare attestation prior to receiving an EHR incentive payment
- Resubmit** Resubmit a failed or rejected Medicare attestation
- Reactivate** Reactivate a canceled Medicare attestation
- View** Review the Medicare attestation summary of measures after submission
- Not Available** In order to begin, modify, cancel, resubmit, or reactivate a Medicare Attestation record, the EHR Incentive Program Registration associated to the Medicare Attestation record must have a Medicare Registration Status of "Active". Please verify that the registration is in the correct status.

Medicare Attestation Selection

Identify the desired Medicare attestation and select the Action you would like to perform. Please note that only one Action can be performed at a time on this page.

| Name | Tax Identifier | CMS Certification Number (CCN) | Medicare Attestation Status | Program Year | Payment Year | Action |
|--------------------|-----------------|--------------------------------|-----------------------------|--------------|--------------|---------------|
| YOUR HOSPITAL NAME | XX-XXXXXX (EIN) | 000000 | | | | Attest |

[Web Policies & Important Links](#)

[CMS.gov](#)

[Department of Health & Human Services](#)

[Accessibility](#)

[File Formats and Plugins](#)



STEPS

Read the Attestation Instructions

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



TIPS

“Modify, Cancel, Resubmit, Reactivate, and View” are the available Action web links for returning users

Click on the **Meaningful User Information** page for detailed information about meaningful use, specification sheets for individual meaningful use objectives, e-specification sheets for clinical quality measures, and in-depth information on the EHR Incentive Program

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

Step 4 – Topics for this Attestation

The data required is grouped into four (4) topics for Attestation.

Medicare & Medicaid EHR Incentive Program
Registration and Attestation System

Log Out | Help
Welcome Your Name My Account

Home Registration **Attestation** Status

Attestation Progress

Reason for Attestation

You are a Medicare Eligible Hospital completing an attestation for the EHR Incentive Program.

YOUR HOSPITAL NAME
Tax Identifier: XX-XXXXXXX (EIN)
NPI:
CCN:

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. Select the **TOPIC** and provide the required information. The system will show when each **TOPIC** is completed.

- 1 Attestation Information** Topic Pending
- 2 Meaningful Use Core Measures** Topic Pending
- 3 Meaningful Use Menu Measures** Topic Pending
- 4 Clinical Quality Measures** Topic Pending

Note:
When all topics are marked as completed, select the **Continue with Attestation** button to complete the attestation process. The topic of Clinical Quality Measures should be considered complete if it has a status of Electronic Reporting Program.

Continue with Attestation

Web Policies & Important Links | Department of Health & Human Services
CMS.gov | Accessibility | File Formats and Plugins

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

STEPS

Click **Continue with Attestation** to begin the attestation process



TIPS

The topics will only be marked as completed once all the information has been entered and saved. When all topics are checked completed or N/A, the user can select **“Continue with Attestation”**

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

Step 5 – Attestation Information

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

My Account | Log Out | Help

Welcome Your Name

Home | Registration | **Attestation** | Status

Attestation Information

(* Red asterisk indicates a required field.)

YOUR HOSPITAL NAME

Tax Identifier: XX-XXXXXX (EIN)
NPI:
CCN:

LBN: Your Hospital Name
TIN: XX-XXXXXX (EIN)
CCN: 000000

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.

*Emergency Department (ED) Admissions:
An eligible hospital must choose one of two methods to designate how patients admitted to the Emergency Department (ED) will be included in the denominators of certain Meaningful Use Core and Menu Measures. Please select the method that will be used for ALL Meaningful Use Core and Menu Measures:
 Observation Service Method All ED Visits Method

Please provide the EHR reporting period associated with this attestation:
The date is dynamic for the first year but needs to be at least a 90 day period. This does not apply for subsequent years.

*EHR Reporting Period Start Date (mm/dd/yyyy):
*EHR Reporting Period End Date (mm/dd/yyyy):

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

Previous | Save & Continue

Certified Health IT Product List
The Office of the National Coordinator for Health Information Technology | HealthIT.HHS.Gov

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

Please send suggestions and comments regarding the Certified Health IT Product List (CHPL) to ONC.certification@hhs.gov, with "CHPL" in the subject line. Vendors or developers with questions about their product's listing should contact the ONC-Authorized Testing and Certification Body (ONC-ATCB) that certified their product.

USING THE CHPL WEBSITE

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

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

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

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

STEP 1: SELECT YOUR PRACTICE TYPE

Ambulatory Practice Type | **Inpatient Practice Type**

STEPS

Enter your CMS EHR Certification Number

Choose one of two methods to designate how patients are admitted to the Emergency Department

Enter the period start and end date of the reporting period for which you are attesting. The reporting period must be *at least* 90 days in the same Federal fiscal year, October through September

To attest for the Medicare EHR Incentive Program in subsequent years, you will need to have met meaningful use for a full year

Click **Save & Continue**



To locate your CMS EHR certification number, click on [How do I find my EHR Certification Number?](#) You will be directed to the Certified Health IT Product List (CHPL). Follow the instructions on the CHPL website. The CMS EHR Certification Number is **15** characters long. The alphanumeric number is case sensitive and is required to proceed with attestation

Emergency Department (ED) Admissions must be designated as admitted observation service method or all ED visits method. Click here for more information; http://questions.cms.hhs.gov/app/answers/detail/a_id/10126/kw/emergency%20department

TOPICS PROGRESS

This is the first of four topics required for attestation

1

2

3

4

Step 6 – Meaningful Use Core Measures – Questionnaire (1 of 14)



Medicare & Medicaid EHR Incentive Program
Registration and Attestation System

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

Welcome Your Name

Home

Registration

Attestation

Status

Meaningful Use Core Measures

Questionnaire: (1 of 14)

(*) 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 admitted to the eligible hospitals or CAHs inpatient or emergency department (POS 21 or 23) have at least one medication order entered using Computerized Provider Order Entry (CPOE).

Your Hospital Name
Tax Identifier:
NPI:
CCN:
Program Year:

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

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

Complete the following information:

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

Denominator Number of unique patients with at least one medication in their medication list seen by the eligible hospital or CAH during the EHR reporting period.

*Numerator: *Denominator:

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

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

Previous

Return to Attestation Progress

Save & Continue



STEPS

Select the appropriate option under Patient Records. Enter Numerator and Denominator

Click **Save & Continue**



TIPS

***Patient Records:** At the eligible hospital's discretion, the numerators and denominators of certain measures may be calculated using only the patient records maintained in certified EHR technology. The eligible hospital may also elect to calculate the numerators and denominators of these measures using ALL patient records. Eligible hospitals must indicate which method they used in their calculations.*

***Exclusion:** Eligible hospitals can be excluded from meeting an objective if they meet the requirements of the exclusion. If the eligible hospital cannot meet the specific exclusion requirements, then the eligible hospital cannot answer "Yes" to the exclusion question. (If no exclusion is indicated, the eligible hospital must report on that measure.)*

TOPICS PROGRESS

This is the second of four topics required for attestation

Numerator and Denominator must be whole numbers.

1

2

3

4

Step 7 – Meaningful Use Core Measures – Questionnaire (2 of 14)

Home
Registration
Attestation
Status

Meaningful Use Core Measures

Questionnaire: (2 of 14)
 (*) Red asterisk indicates a required field.

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

Measure: The eligible hospital or CAH has enabled this functionality for the entire EHR reporting period.

Complete the following information:

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

Yes No

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

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

◀ Previous
Return to Attestation Progress
Save & Continue ▶

Your Hospital Name
 Tax Identifier:
 NPI:
 CCN:
 Program Year:

STEPS

.....

Select Yes or No

Click **Save & Continue**



Eligible Hospital and CAH Meaningful Use Table of Contents Core and Menu Set Objectives

| Eligible Hospital and CAH Core Objectives | |
|--|-----------|
| (1) Use 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. | AVAILABLE |
| (2) Implement drug-drug and drug-allergy interaction checks. | AVAILABLE |
| (3) Maintain an up-to-date problem list of current and active diagnoses. | AVAILABLE |
| (4) Maintain active medication list. | AVAILABLE |
| (5) Maintain active medication allergy list. | AVAILABLE |
| (6) Record all of the following demographics: (A) Preferred language. (B) Gender. (C) Race. (D) Ethnicity. (E) Date of birth. (F) Date and preliminary cause of death in the event of mortality in the eligible hospital or CAH. | AVAILABLE |
| (7) Record and chart changes in the following vital signs: (A) Height. (B) Weight. (C) Blood pressure. (D) Calculate and display body mass index (BMI). (E) Plot and display growth charts for children 2–20 years, including BMI. | AVAILABLE |
| (8) Record smoking for patients 13 years old or older. | AVAILABLE |
| (9) Report hospital clinical quality measures to CMS or, in the case of Medicaid eligible hospitals, the States. | AVAILABLE |



TIP

Click on the meaningful use measures specification page for additional information

TOPICS PROGRESS

This is the second of four topics required for attestation

1

2

3

4

Step 8 – Meaningful Use Core Measures – Questionnaire (3 of 14)

The screenshot shows the 'Attestation' tab selected in the top navigation bar. The page title is 'Meaningful Use Core Measures'. The questionnaire is for 'Questionnaire: (3 of 14)'. A yellow box on the right contains hospital information: 'Your Hospital Name', 'Tax Identifier:', 'NPI:', 'CCN:', and 'Program Year:'. The objective is 'Maintain an up-to-date problem list of current and active diagnoses.' The measure is 'More than 80% of all unique patients admitted to the eligible hospitals or CAHs inpatient or emergency department (POS 21 or 23) have at least one entry or an indication that no problems are known for the patient recorded as structured data.' The user has entered '9' for the Numerator and '10' for the Denominator. A red arrow points to these fields. At the bottom, the 'Save & Continue' button is circled in red.

STEPS

Enter Numerators and Denominators in each step

Click **Save & Continue**

Step 9 – Meaningful Use Core Measures – Questionnaire (4 of 14)

The screenshot shows the 'Attestation' tab selected in the top navigation bar. The page title is 'Meaningful Use Core Measures'. The questionnaire is for 'Questionnaire: (4 of 14)'. A yellow box on the right contains hospital information: 'Your Hospital Name', 'Tax Identifier:', 'NPI:', 'CCN:', and 'Program Year:'. The objective is 'Maintain active medication list.' The measure is 'More than 80% of all unique patients admitted to the eligible hospitals or CAHs inpatient or emergency department (POS 21 or 23) have at least one entry (or an indication that the patient is not currently prescribed any medication) recorded as structured data.' The Numerator and Denominator input fields are empty. A red arrow points to these fields. At the bottom, the 'Save & Continue' button is circled in red.



TIP

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

TOPICS PROGRESS

This is the second of four topics required for attestation

1

2

3

4

Step 10 –

Meaningful Use Core Measures – Questionnaire (5 of 14)

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

Meaningful Use Core Measures

Questionnaire: (5 of 14)
 (*) Red asterisk indicates a required field.

Your Hospital Name
Tax Identifier:
NPI:
CCN:
Program Year:

Objective: Maintain active medication allergy list.

Measure: More than 80% of all unique patients admitted to the eligible hospitals or CAHs inpatient or emergency department (POS 21 or 23) have at least one entry (or an indication that the patient has no known medication allergies) recorded as structured data.

Complete the following information:

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

Denominator Number of unique patients admitted to the eligible hospitals or CAHs inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

*Numerator: *Denominator:

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

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

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

STEPS

Enter Numerators and Denominators in each step

Click **Save & Continue**

Step 11 –

Meaningful Use Core Measures – Questionnaire (6 of 14)

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

Meaningful Use Core Measures

Questionnaire: (6 of 14)
 (*) Red asterisk indicates a required field.

Your Hospital Name
Tax Identifier:
NPI:
CCN:
Program Year:

Objective: Record all of the following demographics:
 Preferred language
 Gender
 Race
 Ethnicity
 Date of birth
 Date and preliminary cause of death in the event of mortality in the hospital or CAH.

Measure: More than 50% of all unique patients seen by the eligible hospital or admitted to the eligible hospitals or CAHs inpatient or emergency department (POS 21 or 23) 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 admitted to the eligible hospitals or CAHs inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

*Numerator: *Denominator:

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

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

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



TIP

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

TOPICS PROGRESS

This is the second of four topics required for attestation



Step 12 –

Meaningful Use Core Measures – Questionnaire (7 of 14)

STEPS

.....
Select the appropriate option under PATIENT RECORDS

Enter Numerator and Denominator

Click **Save & Continue**

Step 13 –

Meaningful Use Core Measures – Questionnaire (8 of 14)

STEPS

.....
Select Yes or No for the exclusion

If you answered NO, enter the Numerator and Denominator

Click **Save & Continue**



TIPS

Click on HELP for additional guidance to navigate the system

The Help link is located on each page

TOPICS PROGRESS

This is the second of four topics required for attestation

1

2

3

4

Step 14 –

Meaningful Use Core Measures – Questionnaire (9 of 14)

STEPS

Select Yes or No

Click **Save & Continue**

Step 15 –

Meaningful Use Core Measures – Questionnaire (10 of 14)



TIPS

Numerator and Denominator must be whole numbers

You may log out at any point during attestation and continue at a later time

All of the information that you have entered up until this point will be saved within the attestation module

The Topics Progress bar will read completed when the topics are complete

TOPICS PROGRESS

This is the second of four topics required for attestation

1

2

3

4

Step 16 –

Meaningful Use Core Measures – Questionnaire (11 of 14)



Medicare & Medicaid EHR Incentive Program
Registration and Attestation System

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

Welcome Your Name

Home

Registration

Attestation

Status

Meaningful Use Core Measures

Questionnaire: (11 of 14)

(* Red asterisk indicates a required field.)

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

Measure: More than 50% of all patients of the inpatient or emergency department of the eligible hospital or CAH (POS 21 or 23) who request an electronic copy of their health information are provided it within 3 business days.

EXCLUSION - Based on ALL patient records: An eligible hospital or CAH that has no requests from patients or their agents for an electronic copy of patient health information during the EHR reporting period would be excluded from this requirement. Exclusion from this requirement does not prevent an eligible hospital or CAH from achieving meaningful use.

*Does this exclusion apply to you?

Yes No



Your Hospital Name
Tax Identifier:
NPI:
CCN:
Program Year:

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

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

Previous

Return to Attestation Progress

Save & Continue



[Web Policies & Important Links](#)

[Department of Health & Human Services](#)

[CMS.gov](#)

[Accessibility](#)

[File Formats and Plugins](#)



TIPS

Numerator and Denominator must be whole numbers

You may log out at any point during attestation and continue at a later time

All of the information that you have entered up until this point will be saved within the attestation module.

TOPICS PROGRESS

This is the second of four topics required for attestation

1

2

3

4

STEPS

Select the appropriate option under Patient Records

Select Yes or No for the exclusion

If you answered NO, enter the Numerator and Denominator

Click **Save & Continue**

Step 17 –

Meaningful Use Core Measures – Questionnaire (12 of 14)



Medicare & Medicaid EHR Incentive Program
Registration and Attestation System

My Account | Log Out | Help

Welcome Your Name

- Home
- Registration
- Attestation
- Status

Meaningful Use Core Measures

Questionnaire: (12 of 14)

(* Red asterisk indicates a required field.)

Objective: Provide patients with an electronic copy of their discharge instructions at time of discharge, upon request.

Measure: More than 50% of all patients who are discharged from an eligible hospital or CAHs inpatient department or emergency department (POS 21 or 23) and who request an electronic copy of their discharge instructions are provided it.

EXCLUSION - Based on ALL patient records: An eligible hospital or CAH that has no requests from patients or their agents for an electronic copy of their discharge instructions during the EHR reporting period would be excluded from this requirement. Exclusion from this requirement does not prevent an eligible hospital or CAH from achieving meaningful use.

*Does this exclusion apply to you?

Yes
 No

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

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

Complete the following information:

Numerator The number of patients in the denominator who are provided an electronic copy of discharge instructions.

Denominator Number of patients discharged from an eligible hospitals or CAHs inpatient or emergency department (POS 21 or 23) who request an electronic copy of their discharge instructions during the EHR reporting period.

*Numerator: *Denominator:

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

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

- Previous
- Return to Attestation Progress
- Save & Continue



TIPS

Click on Help for additional guidance to navigate the system

The Help link is located on each page

TOPICS PROGRESS

This is the second of four topics required for attestation



STEPS

Select the appropriate option under Patient Records

Select Yes or No for the exclusion

If you answered NO, enter the Numerator and Denominator

Click **Save & Continue**

Step 18 –

Meaningful Use Core Measures – Questionnaire (13 of 14)

STEPS

Select Yes or No

Click **Save & Continue**

Step 19 –

Meaningful Use Core Measures – Questionnaire (14 of 14)



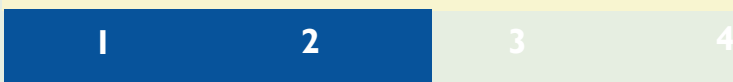
TIPS

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

The completed topics will show a check mark on the TOPICS screen.

TOPICS PROGRESS

This is the second of four topics required for attestation



Step 20 – Meaningful Use Menu Measures – Questionnaire

Home
Registration
Attestation
Status

Meaningful Use Menu Measures

Instructions

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

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

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

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

◀ Previous
Return to Attestation Progress
Save & Continue ▶

STEPS

Read the instructions and select a total of five (5) measures from the ten (10) Meaningful Use Menu Measures listed on the next page

Select at least one from the **public health** menu measure objectives

Note: You must submit at least one Meaningful Use Menu Measure from the public health list even if an Exclusion is applied



TIP

The five (5) measures chosen will appear on the next screens once you click the Save & Continue button

TOPICS PROGRESS

This is the third of four topics required for attestation

1

2

3

4

Step 20 – Meaningful Use Menu Measures (cont.) – Public Health Measures

Home
Registration
Attestation
Status

Meaningful Use Menu Measures

Instructions

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

| Objective | Measure | Select | |
|--|--|--------------------------|---|
| Capability to submit electronic data to immunization registries or immunization information systems and actual submission in accordance with applicable law and practice. | Performed at least one test of certified EHR technology's capacity to submit electronic data to immunization registries and follow up submission if the test is successful (unless none of the immunization registries to which the eligible hospital or CAH submits such information have the capacity to receive the information electronically). | <input type="checkbox"/> | 1 |
| 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's 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). | <input type="checkbox"/> | 2 |
| 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). | <input type="checkbox"/> | 3 |

Your Hospital Name
 Tax Identifier:
 NPI:
 CCN:
 Program Year:

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):

STEPS

Read the instructions and select a total five (5) measures from the ten (10) Meaningful Use Menu Measures listed on the next page



TIPS

Select at least one from the public health menu measure objectives

Note: You must submit at least one Meaningful Use Menu Measure from the public health list even if an Exclusion is applied

TOPICS PROGRESS

This is the third of four topics required for attestation

1

2

3

4

Step 20 – Meaningful Use Menu Measures (cont.)

| Objective | Measure | Select |
|---|--|-------------------------------------|
| Implemented drug-formulary checks. | The eligible hospital or CAH has enabled this functionality and has access to at least one internal or external drug formulary for the entire EHR reporting period. More than 50% of all unique patients 65 years old or older admitted to the eligible hospitals or CAHs inpatient department (POS 21) have an indication of an advance directive status recorded as structured data. | <input checked="" type="checkbox"/> |
| Record advance directives for patients 65 years old or older. | More than 50% of all unique patients 65 years old or older admitted to the eligible hospitals or CAHs inpatient department (POS 21) have an indication of an advance directive status recorded as structured data. | <input type="checkbox"/> |
| Incorporate clinical lab-test results into certified 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. | <input checked="" type="checkbox"/> |
| 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. | <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 admitted to the eligible hospitals or CAHs inpatient or emergency department [Place of Service (POS) 21 or 23] during the EHR reporting period are provided patient-specific education resources. | <input type="checkbox"/> |
| 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 hospitals or CAHs inpatient or emergency department (POS 21 or 23). | <input checked="" type="checkbox"/> |
| 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. | <input type="checkbox"/> |

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

STEPS

Read the instructions and select a total five (5) measures from the ten (10) Meaningful Use (MU) Menu Measures listed on the next page

Click *Continue*



TIPS

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

The *Help* link is on every page

TOPICS PROGRESS

This is the third of four topics required for attestation

1

2

3

4

Step 20 – (cont.)

Meaningful Use Public Health Measure (1 of 3)

out of 10 Meaningful Use Menu Measures

STEPS

.....

Select the appropriate options for the Exclusions

Click **Save & Continue**

My Account | **Log Out** | **Help**

Welcome Your Name

Home | Registration | **Attestation** | Status

Meaningful Use Menu Measures

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

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

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

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

***Does exclusion 1 apply to you?**

Yes No

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

***Does exclusion 2 apply to you?**

Yes No

Complete the following information:

***Did you perform at least one test of certified EHR technology's capacity to submit electronic data to immunization registries and follow up submission if the test was 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)?**

Yes No

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

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

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



TIP

You may log out at any point during attestation and continue at a later time

All of the information that you have entered up until this point will be saved within the attestation module

TOPICS PROGRESS

This is the third of four topics required for attestation

1

2

3

4

Step 20 – (cont.)

Meaningful Use Public Health Measure (2 of 3)

out of 10 Meaningful Use Menu Measures

STEPS

.....

Select the appropriate option under Patient Records, if applicable

Select Yes or No for the Exclusions

Answer Yes or No for performing the individual Menu Measure

Click **Save & Continue**



TIPS

TOPICS PROGRESS

This is the third of four topics required for attestation



You may select the Previous button to go back



Only the five (5) measures chosen will display

Step 20 – (cont.)

Meaningful Use Public Health Measure (3 of 3)

out of 10 Meaningful Use Menu Measures

STEPS

Select the appropriate option under Patient Records, if applicable

Select Yes or No for the Exclusions

Answer Yes or No for performing the individual Menu Measure

Click **Save & Continue**



TIPS

For additional information click on the “Meaningful Use Measure Specification Page” link

TOPICS PROGRESS

This is the third of four topics required for attestation



Step 20 – (cont.)

Meaningful Use Menu Measure (4 of 10)

STEPS

Select the appropriate option under Patient Records, if applicable

Select the appropriate options for the Exclusions

Enter Numerator and Denominator, if applicable.

Click **Save & Continue**



TIP

You may select the Previous button to go back.

TOPICS PROGRESS

This is the third of four topics required for attestation



Step 20 – (cont.)

Meaningful Use Menu Measure (5 of 10)

STEPS

.....

Select the appropriate option under Patient Records, if applicable

Select the appropriate options for the Exclusions

Enter Numerator and Denominator, if applicable

Click **Save & Continue**



TIP

You may select the Return to Attestation Progress to review the status of your attestation

TOPICS PROGRESS

This is the third of four topics required for attestation



Step 20 – (cont.)

Meaningful Use Menu Measure (6 of 10)

STEPS

Select the appropriate option under Patient Records, if applicable

Select the appropriate options for the Exclusions

Enter Numerator and Denominator, if applicable

Click **Save & Continue**



TIPS

You may select the Previous button to go back.

Only the five (5) measures chosen will display.

TOPICS PROGRESS

This is the third of four topics required for attestation



Step 20 – (cont.)

Meaningful Use Menu Measure (7 of 10)

STEPS

.....

Select the appropriate option under Patient Records, if applicable

Select the appropriate options for the Exclusions

Enter Numerator and Denominator, if applicable

Click **Save & Continue**

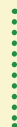


TIPS

TOPICS PROGRESS

This is the third of four topics required for attestation

You may select the Previous button to go back



Only the five (5) measures chosen will display

1

2

3

4

Step 20 – (cont.)

Meaningful Use Menu Measure (8 of 10)

Medicare & Medicaid EHR Incentive Program Registration and Attestation System

My Account | Log Out | Help

Welcome Your Name

Home | Registration | **Attestation** | Status

Meaningful Use Menu Measures

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

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

Measure: More than 10% of all unique patients admitted to the eligible hospitals or CAHs inpatient or emergency department [Place of Service (POS) 21 or 23] during the EHR reporting period are provided patient-specific education resources.

Complete the following information:

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

Denominator Number of unique patients admitted to the eligible hospitals or CAHs inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

*Numerator: *Denominator:

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

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

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

Web Policies & Important Links | Department of Health & Human Services

CMS.gov | Accessibility | File Formats and Plugins

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

STEPS

Select the appropriate option under Patient Records, if applicable

Select the appropriate options for the Exclusions

Enter Numerator and Denominator, if applicable

Click **Save & Continue**



TIPS

TOPICS PROGRESS

This is the third of four topics required for attestation

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

The Topics Progress bar will read completed when the topics are complete

1

2

3

4

Step 20 – (cont.)

Meaningful Use Menu Measure (9 of 10)

STEPS

Select the appropriate option under Patient Records, if applicable

Select the appropriate options for the Exclusions

Enter Numerator and Denominator, if applicable

Click **Save & Continue**



TIP

Click on the *Help* link at the top of each screen at any time

TOPICS PROGRESS

This is the *third* of four topics required for attestation



Step 20 – (cont.)

Meaningful Use Menu Measure (10 of 10)

STEPS

.....
 Select the appropriate option under Patient Records, if applicable

Select the appropriate options for the Exclusions

Enter Numerator and Denominator, if applicable

Click **Save & Continue**

TIPS

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

.....
Numerator and denominator must be whole numbers.

.....
To check your progress click on the Attestation tab at the top of the page and select Modify in the Action column in the Attestation Selection page. The Topics Progress Bar will read completed when all topics are complete

TOPICS PROGRESS

This is the third of four topics required for attestation



Step 21 – Clinical quality measures (CQM) – eReporting option

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

Clinical Quality Measures

eReporting

Are you planning to participate in the Physician Quality Reporting System-Medicare EHR Incentive Pilot for 2012?

Yes No

If you selected yes, you will need to electronically submit your clinical quality measures and you will NOT be able to attest CQM results. The reporting period for CQMs submitted electronically will be the **entire 2012 Calendar Year**. Please continue to submit your attestation in the Registration and Attestation System once you have completed the Meaningful Use Core and Meaningful Use Menu measures.

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

Please reference the [Clinical Quality Measure Specification Page](#) for more information on CQM eReporting.

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

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

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

Attestation Progress

Reason for Attestation

You are a Medicare Eligible Hospital completing an attestation for the EHR Incentive Program.

Your Hospital Name
 Tax Identifier:
 NPI:
 CCN:
 Program Year:

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. Select the **TOPIC** and provide the required information. The system will show when each **TOPIC** is completed.

| | | |
|---|--|------------------------------|
| 1 | Attestation Information | Completed |
| 2 | Meaningful Use Core Measures | Completed |
| 3 | Meaningful Use Menu Measures | Completed |
| 4 | Clinical Quality Measures | Electronic Reporting Program |

Note:
 When all topics are marked as completed, select the **Continue with Attestation** button to complete the attestation process. The topic of Clinical Quality Measures should be considered complete if it has a status of Electronic Reporting Program.

Continue with Attestation

TIP

STEPS

.....

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

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

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

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

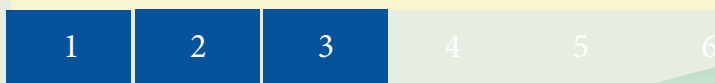
Click **Continue With Attestation**

You must agree to submit the information for CQMs electronically within 2 months after the end of the EHR Reporting Period. At the Submission Process – Attestation Statement screen (page 46)

TOPICS PROGRESS

This is the third of six topics required for attestation

For information on the CQM eReporting, click on the Clinical Quality measure Specification page



Step 22 – Clinical Quality Measures (CQMs) (1 of 15)

Eligible hospitals and Critical Access Hospitals (CAHs) must report calculated clinical quality measures (CQMs) directly from their certified EHR technology as a requirement of the EHR Incentive Programs. Eligible hospitals and CAHs must report on all fifteen (15) CQMs. Zero is an acceptable CQM denominator value provided that this value was produced by certified EHR technology.

STEPS

Enter Denominator and Numerator (and Exclusion, if applicable), for all fifteen (15) of the CQMs

Click **Save & Continue**

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

Clinical Quality Measures

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

Responses are required for the clinical quality measures displayed on this page.

Measure: **NQF 0495**, Emergency Department (ED)-1
Title: Emergency Department Throughput - admitted patients Median time from ED arrival to ED departure for admitted patients.
Description: Median time from emergency department arrival to time of departure from the emergency room for patients admitted to the facility from the emergency department.

ED-1.1: All ED patients admitted to the facility from the ED

Denominator: All ED patients admitted to the facility from the ED. A positive whole number.
Numerator: Median time (in minutes) from ED arrival to ED departure for patients admitted to the facility from the ED. A positive whole number where the Numerator is less than, greater than, or equal to the Denominator.
Exclusion: Observation & Mental Health Patients. A positive whole number.

*Denominator: *Numerator: *Exclusion:

ED-1.2: Observation ED patient stratification

Denominator: ED Observation patients admitted to the facility from the ED. A positive whole number.
Numerator: Median time (in minutes) from ED arrival to ED departure for patients admitted to the facility from the ED. A positive whole number where the Numerator is less than, greater than, or equal to the Denominator.

*Denominator: *Numerator:

ED-1.3: Dx stratification ED patients

Denominator: ED patients with a Dx of Psychiatric or Mental Health Disorder admitted to the facility from the ED. A positive whole number.
Numerator: Median time (in minutes) from ED arrival to ED departure for patients admitted to the facility from the ED. A positive whole number where the Numerator is less than, greater than, or equal to the Denominator.

*Denominator: *Numerator:

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

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



TIPS

Visit the *Meaningful Use Core Objectives* link for more information https://www.cms.gov/EHRIncentivePrograms/Downloads/Hosp_CAH_MU-TOC.pdf

Denominator is entered before the Numerator

Numerator and denominator must be whole numbers

TOPICS PROGRESS

This is the fourth of four topics required for attestation

- 1
- 2
- 3
- 4

Step 23 – Clinical Quality Measures (CQMs) (2 of 15)

Home Registration **Attestation** Status

Clinical Quality Measures

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

Responses are required for the clinical quality measures displayed on this page.

Measure: **NQF 0497**, Emergency Department (ED)-2

Title: Emergency Department Throughput - admitted patients
 Admission decision time to ED departure time for admitted patients.
Description: Median time from admit decision time to time of departure from the emergency department of emergency department patients admitted to inpatient status.

ED-2.1: All ED patients admitted to inpatient status

Denominator: All ED patients admitted to the facility from the ED. A positive whole number.
Numerator: Median time (in minutes) from admit decision time to time of departure from the ED for patients admitted to inpatient status. A positive whole number where the Numerator is less than, greater than, or equal to the Denominator.
Exclusion: Observation & Mental Health Patients. A positive whole number.

*Denominator: 100 *Numerator: 99 *Exclusion: 1

ED-2.2: Observation ED patient stratification

Denominator: ED Observation patients admitted to the facility from the ED. A positive whole number.
Numerator: Median time (in minutes) from admit decision time to time of departure from the ED for patients admitted to inpatient status. A positive whole number where the Numerator is less than, greater than, or equal to the Denominator.

*Denominator: 100 *Numerator: 99

ED-2.3: Dx stratification ED patients

Denominator: ED patients with a Principal Dx of Psychiatric or mental health disorder admitted to the facility from the ED. A positive whole number.
Numerator: Median time (in minutes) from admit decision time to time of departure from the ED for patients admitted to inpatient status. A positive whole number where the Numerator is less than, greater than, or equal to the Denominator.

*Denominator: 100 *Numerator: 99

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

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

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

Your Hospital Name
 Tax Identifier:
 NPI:
 CCN:
 Program Year:

STEPS

Enter Denominator and Numerator (and Exclusion, if applicable), for all fifteen (15) of the Clinical Quality Measures

Click **Save & Continue**



TIPS

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

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

TOPICS PROGRESS

This is the fourth of four topics required for attestation

- 1
- 2
- 3
- 4

Step 24 – Clinical Quality Measures (CQMs) (3 of 15)

STEPS

Enter the Denominator,
Numerator and
Exclusion, if applicable

Click **Save & Continue**

Step 25 – Clinical Quality Measures (CQMs) (4 of 15)



TIPS

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

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

TOPICS PROGRESS

This is the fourth of four topics required for attestation

1

2

3

4

Step 26 – Clinical Quality Measures (CQMs) (5 of 15)

Home Registration **Attestation** Status

Clinical Quality Measures

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

Responses are required for the clinical quality measures displayed on this page.

Measure: **NQF 0437, Stroke-4**

Title: Ischemic stroke - Thrombolytic therapy for patients arriving within 2 hours of symptom onset

Denominator a positive whole number
Numerator a positive whole number where the Numerator is less than or equal to the Denominator
Exclusion a positive whole number

*Denominator: *Numerator: *Exclusion:

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

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

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

STEPS

Enter the Denominator, Numerator and Exclusion, if applicable

Click **Save & Continue**

Step 27 – Clinical Quality Measures (CQMs) (6 of 15)

Home Registration **Attestation** Status

Clinical Quality Measures

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

Responses are required for the clinical quality measures displayed on this page.

Measure: **NQF 0438, Stroke-5**

Title: Ischemic or hemorrhagic stroke - Antithrombotic therapy by day 2

Denominator a positive whole number
Numerator a positive whole number where the Numerator is less than or equal to the Denominator
Exclusion a positive whole number

*Denominator: *Numerator: *Exclusion:

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

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

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



TIP

Visit the [Meaningful Use Overview link](https://www.cms.gov/EHRIncentivePrograms/30_Meaningful_Use.asp) for more information –
https://www.cms.gov/EHRIncentivePrograms/30_Meaningful_Use.asp

TOPICS PROGRESS

This is the fourth of four topics required for attestation

1

2

3

4

Step 28 – Clinical Quality Measures (CQMs) (7 of 15)

STEPS

Enter the Denominator,
Numerator and
Exclusion, if applicable

Click **Save & Continue**

Step 29 – Clinical Quality Measures (CQMs) (8 of 15)



TIPS

Denominator is entered before the Numerator

Numerator and denominator must be whole numbers

TOPICS PROGRESS

This is the fourth of four topics required for attestation

1

2

3

4

Step 30 – Clinical Quality Measures (CQMs) (9 of 15)

Home Registration **Attestation** Status

Clinical Quality Measures

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

Responses are required for the clinical quality measures displayed on this page.

Measure: **NQF 0441, Stroke-10**

Title: Ischemic or hemorrhagic stroke - Rehabilitation assessment

Denominator a positive whole number
Numerator a positive whole number where the Numerator is less than or equal to the Denominator
Exclusion a positive whole number

*Denominator: *Numerator: *Exclusion:

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

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

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

STEPS

Enter the Denominator, Numerator and Exclusion, if applicable

Click **Save & Continue**

Step 31 – Clinical Quality Measures (CQMs) (10 of 15)

Home Registration **Attestation** Status

Clinical Quality Measures

Questionnaire: (10 of 15)
(* Red asterisk indicates a required field.)

Responses are required for the clinical quality measures displayed on this page.

Measure: **NQF 0371, VTE-1**

Title: VTE prophylaxis within 24 hours of arrival

Denominator a positive whole number
Numerator a positive whole number where the Numerator is less than or equal to the Denominator
Exclusion a positive whole number

*Denominator: *Numerator: *Exclusion:

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

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

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



TIP

For additional information click on the "Clinical Quality Measure Specification Page" link

TOPICS PROGRESS

This is the fourth of four topics required for attestation

1

2

3

4

Step 32 – Clinical Quality Measures (CQMs) (11 of 15)

Home Registration **Attestation** Status

Clinical Quality Measures

Questionnaire: (11 of 15)
 (*) Red asterisk indicates a required field.

Responses are required for the clinical quality measures displayed on this page.

Measure: **NQF 0372, VTE-2**

Title: Intensive Care Unit VTE prophylaxis

Denominator a positive whole number
 Numerator a positive whole number where the Numerator is less than or equal to the Denominator
 Exclusion a positive whole number

*Denominator: *Numerator: *Exclusion:

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

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

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

STEPS

Enter the Denominator, Numerator and Exclusion, if applicable

Click **Save & Continue**

Step 33 – Clinical Quality Measures (CQMs) (12 of 15)

Home Registration **Attestation** Status

Clinical Quality Measures

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

Responses are required for the clinical quality measures displayed on this page.

Measure: **NQF 0373, VTE-3**

Title: Anticoagulation overlap therapy

Denominator a positive whole number
 Numerator a positive whole number where the Numerator is less than or equal to the Denominator
 Exclusion a positive whole number

*Denominator: *Numerator: *Exclusion:

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

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

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



TIP

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

TOPICS PROGRESS

This is the fourth of four topics required for attestation

1

2

3

4

Step 34 – Clinical Quality Measures (CQMs) (13 of 15)

Home Registration **Attestation** Status

Clinical Quality Measures

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

Responses are required for the clinical quality measures displayed on this page.

Measure: **NQF 0374**, VTE-4

Title: Platelet monitoring on unfractionated heparin

Denominator: a positive whole number
Numerator: a positive whole number where the Numerator is less than or equal to the Denominator
Exclusion: a positive whole number

*Denominator: *Numerator: *Exclusion: ←

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

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

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

STEPS

Enter the Denominator, Numerator and Exclusion, if applicable

Click **Save & Continue**

Step 35 – Clinical Quality Measures (CQMs) (14 of 15)

Home Registration **Attestation** Status

Clinical Quality Measures

Questionnaire: (14 of 15)
(* Red asterisk indicates a required field.)

Responses are required for the clinical quality measures displayed on this page.

Measure: **NQF 0375**, VTE-5

Title: VTE discharge instructions

Denominator: a positive whole number
Numerator: a positive whole number where the Numerator is less than or equal to the Denominator
Exclusion: a positive whole number

*Denominator: *Numerator: *Exclusion: ←

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

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

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



TIPS

You may log out at any time and continue your attestation later

All of the information that you have entered up until this point will be saved within the attestation module

TOPICS PROGRESS

This is the fourth of four topics required for attestation

1

2

3

4

Step 36 – Clinical Quality Measures (CQMs) (15 of 15)

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

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

Welcome Your Name

Home | Registration | **Attestation** | Status

Clinical Quality Measures

Questionnaire: (15 of 15)
 (*) Red asterisk indicates a required field.
 Responses are required for the clinical quality measures displayed on this page.

Measure: **NQF 0376, VTE-6**
Title: Incidence of potentially preventable VTE

Denominator: a positive whole number
Numerator: a positive whole number where the Numerator is less than or equal to the Denominator
Exclusion: a positive whole number

*Denominator: *Numerator: *Exclusion:

Your Hospital Name
 Tax Identifier:
 NPI:
 CCN:
 Program Year:

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

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

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

Web Policies & Important Links | Department of Health & Human Services
 CMS.gov | Accessibility | File Formats and Plugins

STEPS

Enter the Denominator, Numerator and Exclusion, if applicable

Click **Save & Continue**



TIPS

Denominator is entered before the Numerator

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

The Help link is located on each page

TOPICS PROGRESS

This is the fourth of four topics required for attestation

1

2

3

4

Step 37 – Topics for this Attestation

Once all the topics are marked completed you may proceed with attestation.

STEPS

Select **Continue with Attestation**

You will navigate to Summary of Measures

Select **Edit** on any topic to review or revise your entries

Step 38 – Attestation Summary

| 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 admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one medication order entered using CPOE. | Numerator = 9 Denominator = 10 | <input type="button" value="Edit"/> |
| Implement drug-drug and drug-allergy interaction checks | The eligible hospital or CAH has enabled this functionality for the entire EHR reporting period. | Yes | <input type="button" value="Edit"/> |
| Maintain an up-to-date problem list of current and active diagnoses. | More than 80% of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry or an indication that no problems are known for the patient recorded as structured data. | Numerator = 9 Denominator = 10 | <input type="button" value="Edit"/> |



TIPS

This is the last chance to review and edit the information you have entered before you attest

Check for data entry errors as the system will not alert the user of the calculated percentage of the numerator and denominators prior to official submission of attestation

Step 38 – Attestation Summary (cont.)

Click on the Measure List Table link to access the table for editing.

The screenshot shows the 'Attestation Summary' page with a table of measures. The table has four columns: Objective, Measure, Entered, and Select. The first measure is '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.' The 'Entered' column shows 'Numerator = 9' and 'Denominator = 10'. The 'Select' column has an 'Edit' button circled in red. Other measures include 'Implement drug-drug and drug-allergy interaction checks' and 'Maintain an up-to-date problem list of current and active diagnoses.' A yellow box on the right contains hospital information: 'Your Hospital Name', 'Tax Identifier:', 'NPI:', 'CCN:', and 'Program Year:'.

STEPS

Select the measure to **Edit**

Modify your entry

Click **Save Changes**

You will navigate to the next measure in the series. When you are finished editing the measures, click on Return to Attestation Progress

The screenshot shows the 'Meaningful Use Core Measures' questionnaire page. It includes a 'Questionnaire: (1 of 14)' header and a list of objectives and measures. A yellow box on the right contains hospital information. The 'Measure' section includes a radio button selection for 'PATIENT RECORDS' and input fields for 'Numerator' (9) and 'Denominator' (10). A red arrow points to the 'Denominator' input field. Another red arrow points to the 'Meaningful Use Measure Specification Page' link. At the bottom, a red circle highlights the 'Save Changes' button. A lightbulb icon is in the bottom left corner. A photo of three healthcare professionals is in the bottom right corner.



TIP

For additional information click on the "Meaningful Use Measures Specification Page" link

Step 38 – Attestation Summary (cont.)



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

Welcome Your Name

Home Registration **Attestation** Status

Attestation Summary

2 Meaningful Use Core Measures Results

Your Hospital Name
Tax Identifier:
NPI:
CCN:
Program Year:

| 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 admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one medication order entered using CPOE. | Numerator = 9 Denominator = 10 | Edit |
| Implement drug-drug and drug-allergy interaction checks | The eligible hospital or CAH has enabled this functionality for the entire EHR reporting period. | Yes | Edit |
| Maintain an up-to-date problem list of current and active diagnoses. | More than 80% of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry or an indication that no problems are known for the patient recorded as structured data. | Numerator = 9 Denominator = 10 | Edit |
| Maintain active medication list. | More than 80% of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry (or an indication that the patient is not currently prescribed any medication) recorded as structured data. | Numerator = 9 Denominator = 10 | Edit |
| Maintain active medication allergy list. | More than 80% percent of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry (or an indication that the patient is not currently prescribed any medication) recorded as structured data. | Numerator = 9 Denominator = 10 | Edit |
| Record all of the following demographics: Preferred language Gender Race Ethnicity Date of birth And preliminary cause of death in the event of mortality in the hospital or CAH. | More than 50% of all unique patients seen by the eligible hospital or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have demographics recorded as structured data. | Numerator = 9 Denominator = 10 | Edit |

STEPS

Click **Continue with Attestation** or **Next Topic** to edit additional measures

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

[Previous](#) [Next Topic](#) [Return to Attestation Summary](#) [Continue with Attestation](#)

[Web Policies & Important Links](#) [Department of Health & Human Services](#)
[CMS.gov](#) [Accessibility](#) [File Formats and Plugins](#)



TIPS

Clicking on **Continue with Attestation** will navigate you back to the **Attestation Statements** page

Clicking on **Next Topic** will navigate you to the remaining measure list tables

Step 39 – Submission Process: Attestation Statements

Medicare & Medicaid EHR Incentive Program
Registration and Attestation System

My Account | Log Out | Help

Welcome Your Name

Home | Registration | **Attestation** | Status

Submission Process: Attestation Statements

Attestation Statements

You are about to submit your attestation for EHR Certification Number 0000000000000000

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 official submitting on behalf of the eligible hospital or CAH.
- The information submitted is accurate and complete for numerators, denominators, exclusions and measures applicable to the hospital or CAH.
- The information submitted includes information on all patients to whom the measure applies.
- For CQMs, a zero was reported in the denominator of a measure when an eligible hospital or CAH did not care for any patients in the denominator population during the EHR reporting period.

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

Agree | Disagree

Your Hospital Name
Tax Identifier:
NPI:
CCN:
Program Year:

STEPS

.....

Check the box next to each statement to attest to the information entered into the Attestation module

Click **Agree** to proceed with the attestation submission process

Step 39 – Submission Process (cont.): Confirmation Page

Home | Registration | **Attestation** | Status

Submission Process: Confirm Submission

Confirmation Page

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

LBN: Your Hospital Name
TIN: 00-0000000
CCN: 000000
EHR Certification Number: 0000000000000000
EHR Reporting Period: 00/00/00000-00/00/0000

Reason for Attestation
You are a Medicare Eligible Hospital completing an attestation for the EHR Incentive Program.

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

Submit Attestation | Exit

Your Hospital Name
Tax Identifier:
NPI:
CCN:
Program Year:

Review the summary information

Click **Submit Attestation** when you are ready to submit



TIPS

If you click **Exit**, you will receive a message stating that you are not submitting at this time, your information will be saved and your attestation will display **In Progress**

If you click **Disagree** you will go to the Home Page and your attestation will not be submitted

Step 40 – Attestation Disclaimer

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

My Account | Log Out | Help

Welcome Your Name

Home | Registration | **Attestation** | Status

Attestation Disclaimer

General Notice
NOTICE: Any person who knowingly files a statement of claim containing any misrepresentation or any false, incomplete or misleading information may be guilty of a criminal act punishable under law and may be subject to civil penalties.

Signature of Hospital Representative
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.

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.

Agree Disagree

Web Policies & Important Links | Department of Health & Human Services
CMS.gov | Accessibility | File Formats and Plugins

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

STEPS

Read the disclaimer and click on **Agree** to continue your attestation or **Disagree** to stop the process



TIPS

If you click *Disagree* you will navigate back to the attestation instructions page

Your status under the Action column will read *Modify or Cancel*

Step 41 – Submission Receipt (accepted attestation)

STEPS

Your attestation was accepted

Print this receipt for your records

Your Medicare Attestation Status will show Accepted and you will receive an email notification

THIS COMPLETES YOUR ATTESTATION

If you successfully attested and are a Medicare & Medicaid eligible hospital or CAH, your attestation will be deemed as a meaningful user by Medicare and you will not have to meet the State-specific additional meaningful use requirements in order to qualify for the Medicaid incentive payment.

Your attestation status will read “Accepted” and the attestation action status column will read “View”. The attestation is locked and cannot be edited.



TIP

Click on Review Results button from the submission receipt to view your entries

| Name | Tax Identifier | CMS Certification Number (CCN) | Medicare Attestation Status | Program Year | Payment Year | Action |
|--------------------|----------------|--------------------------------|-----------------------------|--------------|--------------|--------|
| Your Hospital Name | (EIN) | | Accepted | 2012 | 1 | View |

Step 42 – Submission Receipt (rejected attestation)

STEPS

.....
Your attestation was rejected

Print this receipt for your records

The Medicare Attestation Status will show *Rejected Attestation*

YOUR ATTESTATION WAS REJECTED

You did not meet one or more of the meaningful use minimum standards. Please reassess/modify your practice so that you can meet the measure(s). You may resubmit your attestation information again, correct mistakes or re-submit new information if no mistakes were made.

Review your documentation to ensure the correct information was entered at attestation for each of the objectives and their associated measures. If an error is found, you may make the correction and resubmit your attestation for this same reporting period. Or you may submit an attestation with new information 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), but that will mean that hospital will have to recalculate all of the numerator and denominator information.

Print this receipt for your records. *You will also receive an email notification.*



TIP

Visit <https://www.cms.gov/EHRIncentivePrograms/> for meaningful use requirements.

Step 43 – Attestation Summary (rejected attestation)

STEPS

Click on **Review Results** to view the status of each measure

Review each measure for the Accepted/Rejected status

Click **Next Topic** to continue with the Menu measures

Home Registration **Attestation** Status

Attestation Summary

2 Meaningful Use Core Measures Results

Your Hospital Name
Tax Identifier:
NPI:
CCN:
Program Year:

| 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 admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one medication order entered using CPOE. | Numerator = 9 Denominator = 10 | <input type="button" value="Edit"/> |
| Implement drug-drug and drug-allergy interaction checks | The eligible hospital or CAH has enabled this functionality for the entire EHR reporting period. | Yes | <input type="button" value="Edit"/> |

Home Registration **Attestation** Status

Summary of Meaningful Use Core Measures

Your Hospital Name
Tax Identifier:
NPI:
CCN:
Program Year:

| Objective | Measure | Reason | Entered | Accepted / Rejected |
|--|--|---|---------|---------------------|
| Use Computerized Provider Order Entry (CPOE) for medication orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines. | More than 30% of all unique patients with at least one medication in their medication list admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one medication order entered using CPOE. | This measure meets minimum standard. | 90.00% | Accepted |
| Implement drug-drug and drug-allergy interaction checks | The eligible hospital or CAH has enabled this functionality for the entire EHR reporting period. | This measure meets minimum standard. | Yes | Accepted |
| Maintain an up-to-date problem list of current and active diagnoses. | More than 80% of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry or an indication that no problems are known for the patient recorded as structured data. | This measure does not meet minimum standard | 90.00% | Rejected |
| Maintain active medication list. | More than 80% of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry (or an indication that the patient is not currently prescribed any medication) recorded as structured data. | This measure meets minimum standard. | 90.00% | Accepted |



TIP

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

◀ Previous Next Topic ▶

Print the Summary of Measures page for your future reference

Step 44 – Cancel Attestation

If you choose to cancel a *previously submitted* attestation, click on CANCEL ATTESTATION from the Summary of Measures page.

The screenshot shows the 'Attestation Summary' page with a navigation bar (Home, Registration, Attestation, Status) and a sub-header 'Attestation Summary'. Below this is a section for '2 Meaningful Use Core Measures Results'. A yellow box displays hospital information: 'Your Hospital Name', 'Tax Identifier', 'NPI:', 'CCN:', and 'Program Year:'. A table lists three measures with columns for Objective, Measure, Entered, and Select. Each measure has an 'Edit' button. A red arrow points to the 'Edit' button for the third measure.

| 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 admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one medication order entered using CPOE. | Numerator = 9 Denominator = 10 | <input type="button" value="Edit"/> |
| Implement drug-drug and drug-allergy interaction checks | The eligible hospital or CAH has enabled this functionality for the entire EHR reporting period. | Yes | <input type="button" value="Edit"/> |
| Maintain an up-to-date problem list of current and active diagnoses. | More than 80% of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry or an indication that no problems are known for the patient recorded as structured data. | Numerator = 9 Denominator = 10 | <input type="button" value="Edit"/> |

STEPS

You may only cancel before your Attestation status is "locked for payment"

Enter a reason for cancellation

Click the **Cancel** button

The screenshot shows the 'Cancel Attestation' page with a navigation bar (Home, Registration, Attestation, Status) and a sub-header 'Attestation Summary'. Below this is a section for 'Cancel Attestation'. It includes 'Attestation Information' with a note that a red asterisk indicates a required field. The attestation information includes: Attestation ID: 1000000172, Attestation Confirmation Number: N/A, Attestation Status: In Progress, Name: XYZ Hospital, TIN: 19-1234567 (EIN), NPI: 1234567890, EHR Certification Number: 1234567890, and EHR Reporting Period: 01/01/2011-04/08/2011. A text box says 'You have decided to cancel your attestation'. Below this is a 'Reason for Cancellation' field. At the bottom, there are 'Previous' and 'Cancel' buttons, with the 'Cancel' button circled in red.



TIP

Select the Summary of Measures button if you would like to view all submitted measures before cancelling this attestation

Have Questions?



Help

Topics
 Help provides additional guidance to users for Medicare & Medicaid EHR Incentive Program Registration & Attestation process. Help is broken up into the following sections.

About Registration & Attestation System
 Presents an overview of the system, processes, and benefits.

How to get Access to the Registration & Attestation System
 Presents summary information on accessing Internet-based Registration & Attestation System.

User Accounts
 Presents additional information regarding account information.

Accessibility
 Presents information about the accessibility and compatibility features of Internet-based Registration & Attestation System.

Frequently Asked Questions (FAQs)
 Presents a list of common questions and their answers regarding the use of Internet-based Registration & Attestation System and the Medicare/Medicaid registration and attestation process.

Glossary and Acronym List
 Presents Medicare/Medicaid EHR terms and definitions.

Contact Information
 Presents a list of contact information for Internet-based Registration & Attestation System user account issues.

[Web Policies & Important Links](#) [Department of Health & Human Services](#)
[CMS.gov](#) [Accessibility](#) [File Formats and Plugins](#)

CMS
Center for Medicare & Medicaid Services



RESOURCES

Contact the EHR Information Center Help Desk for Questions concerning registration and attestation, (888) 734-6433 / TTY: (888) 734-6563

Hours of operation: Monday-Friday 8:30 a.m. – 4:30 p.m. in all time zones (except on Federal holidays)

Identity and Access Management system (I&A) Help Desk for assistance,
 PECOS External User Services (EUS) Help Desk
 Phone: 1-866-484-8049
 E-mail: EUSsupport@cgi.com

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

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

EHR Incentive Program Website
<https://www.cms.gov/EHRIncentivePrograms/>

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

STEPS

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

The Help link is located on each page

ACRONYMS

Acronym Translation

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



