EHR INCENTIVE PROGRAMS IN 2015 – 2017 FOR STAGE 1 AND STAGE 2 PROVIDERS ATTESTATION USER GUIDE

For Eligible Hospitals and Critical Access Hospitals

Medicare Electronic Health Record

(EHR) Incentive Program

Updated December 2015

CONTENTS

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

CONTENTS (cont.)

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

CONTENTS (cont.)

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*
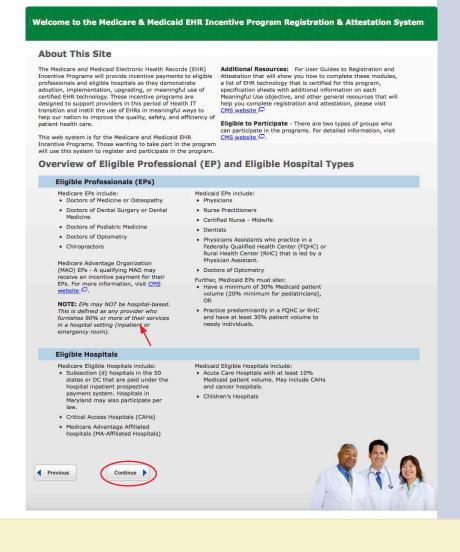
Step 1 – Getting Started

Medicare Eligible Hospitals, Medicare & Medicaid Eligible Hospitals and Critical Access Hospitals (CAHs) must attest every year to 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 for the EHR Incentive Program in 2015 through 2017. 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

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

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

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

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

Eligible Hospitals

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

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

◀ Previous   Continue ▶

TIP

To determine your eligibility, click on the CMS website.

Step 1 - Getting Started (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**

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

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 EUSSupport@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.)

TIPS

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

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

Step 3 – Attestation Instructions

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 link 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 three (3) topics for Attestation.

Step 5 – Attestation Information

TIPS

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; **https://questions.cms.gov/faq. php?faqId=2843**

STAGE 1 - Eligible Hospitals/CAHs

The following are objectives and measures for the EHR Incentive Programs in 2015-2017 for eligible hospitals and CAHs who are in Stage 1 in 2015. Certain measures include alternate exclusions and specifica-tions to allow providers who were previously scheduled to be in a Stage 1 EHR reporting period for 2015 to use a lower threshold for certain mea-sures, or to allow providers to exclude Modified Stage 2 measures in 2015 for which there is no Stage 1 equivalent.

If you are in Stage 2, please skip this section and go directly to the Stage 2 Eligible Hospitals section.

Select 2 of the 4 public health measure options.

STEPS

Choose **2 of the 4** public health measures. Eligible hospitals/CAHs scheduled to be in Stage 1 must attest to at least 2 measures from the Public Health Reporting Objective Measures 1-4.

Eligible Hospitals/CAHs may claim an alternate exclusion for Public Health Reporting Measures 1-4.

An alternate exclusion may only be claimed for up to three measures, then the provider must either attest to or meet the exclusion requirements for the remaining Public Health Reporting Measure.

Step 6 – Meaningful Use Objectives – Questionnaire (1 of 9)

STEPS

Select Yes or No

Click *Save & Continue*

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.*

Step 7 – Meaningful Use Objectives – Questionnaire (2A of 9)

STEPS

Select the measure.

Choose Yes or No.

Click *Save & Continue*

Step 7 – Meaningful Use Objectives – Questionnaire (2A of 9)

STEPS

Select the **alternate objective and measure**, if appropriate.

Choose Yes or No.

Click *Save & Continue*

💡 **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.*

Step 8 – Meaningful Use Objectives – Questionnaire (2B of 9)

STEPS

Choose Yes or No.

Click *Save & Continue*

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.*

Step 9 – Meaningful Use Objectives – Questionnaire (3A of 9)

STEPS

Select the measure.

Select the appropriate option under Patient Records.

Answer Yes or No to the Exclusion.

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

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

TIPS

Patient Records: At the 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 ALL patient records. Eligible hospitals must indicate which method they used in

Step 9 – Meaningful Use Objectives – Questionnaire (3A of 9)

STEPS

Select the **alternate measure**, if appropriate.

Select the appropriate option under Patient Records.

Answer Yes or No to the Exclusion.

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

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

TIPS

Patient Records: At the 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 ALL patient records. Eligible hospitals must indicate which method they used in

Step 10 – Meaningful Use Objectives – Questionnaire (3B of 9)

STEPS

Select the appropriate option under Patient Records.

Answer Yes or No to the **Alternate Exclusion** or Exclusion.

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

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

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.)

Step 11 – Meaningful Use Objectives – Questionnaire (3C of 9)

STEPS

Select the appropriate option under Patient Records.

Answer Yes or No to the **Alternate Exclusion** or Exclusion.

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

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

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.)

Step 12 – Meaningful Use Objectives – Questionnaire (4 of 9)

STEPS ·····················

Select the appropriate option under Patient Records.

Answer Yes or No to the **Alternate Exclusion** or Exclusion.

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

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

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.)

Step 13 – Meaningful Use Objectives – Questionnaire (5 of 9)

STEPS

Select the appropriate option under Patient Records.

Answer Yes or No to the **Alternate Exclusion** or Exclusion.

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

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

TIPS *Patient Records: At the 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.*

Step 14 – Meaningful Use Objectives – Questionnaire (6 of 9)

STEPS ·······················

Answer Yes or No to the **Alternate Exclusion** or Exclusion.

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

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

💡 **TIPS** *Patient Records: At the 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.*

Step 15 – Meaningful Use Objectives – Questionnaire (7 of 9)

STEPS

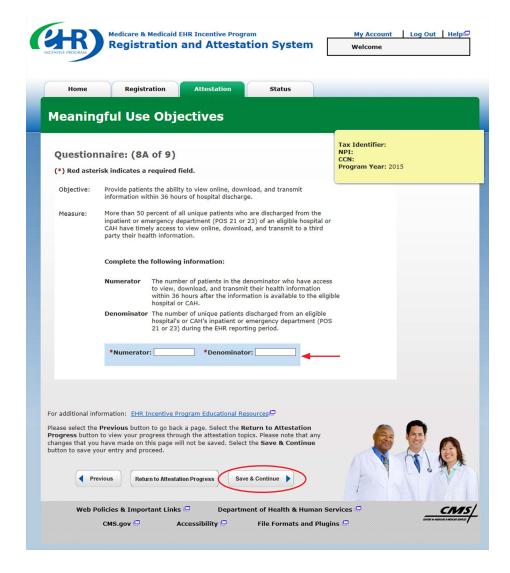Select the appropriate option under Patient Records.

Answer Yes or No to the **Alternate Exclusion**.

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

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

TIPS *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 16 – Meaningful Use Objectives – Questionnaire (8A of 9)

STEPS

Enter the numerator and denominator.

Click on **Save & Continue.**

💡 **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.*

Step 17 – Meaningful Use Objectives – Questionnaire (8B of 9)
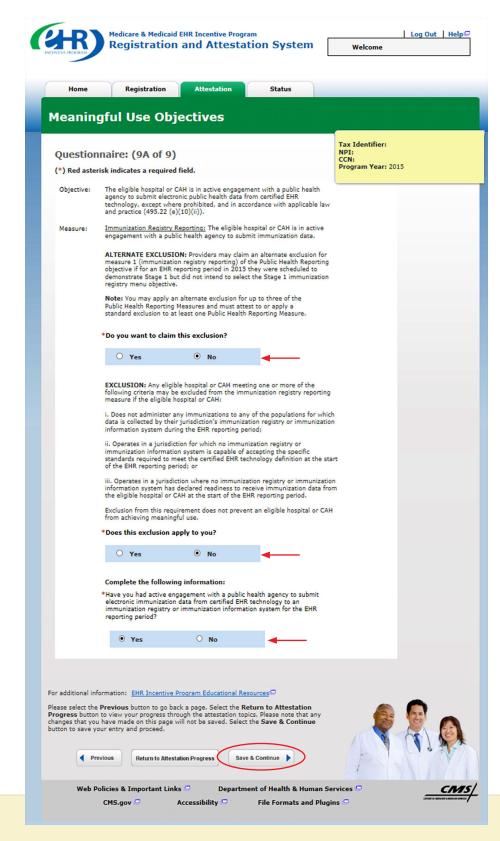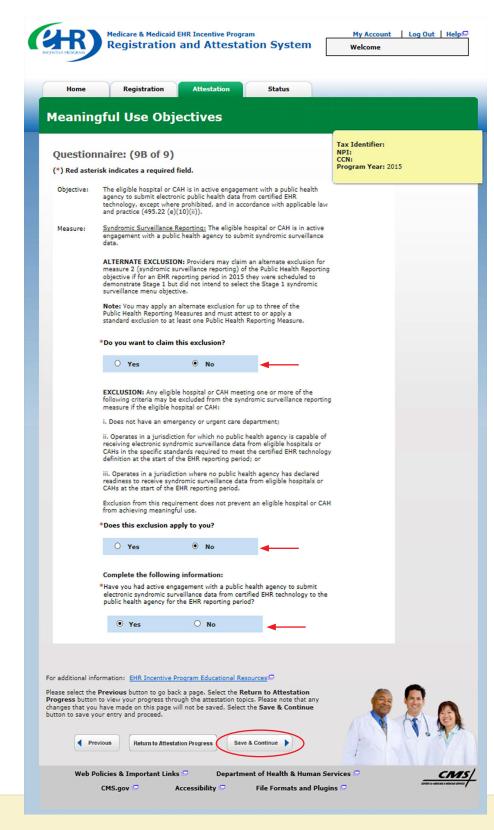

STEPS

Answer Yes or No to the **alternate exclusion** or exclusion.

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

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

💡 **TIPS** *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 18 – Meaningful Use Objectives – Questionnaire (9A of 9)
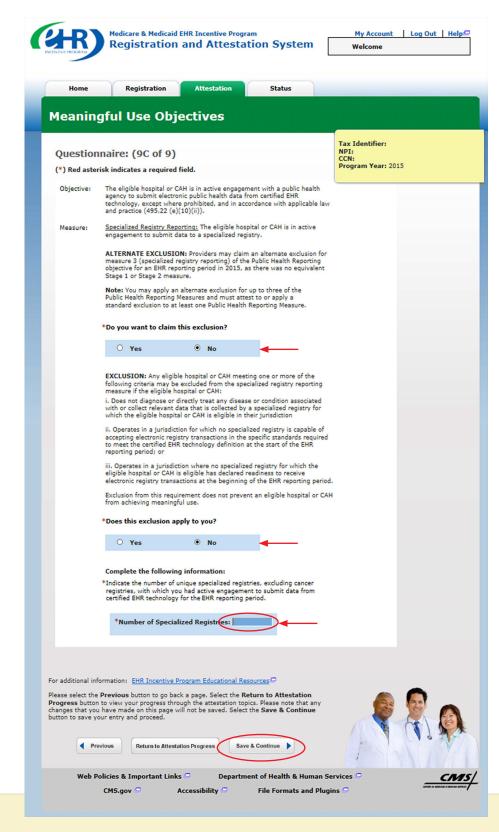

STEPS

Answer Yes or No to the **Alternate Exclusion** or Exclusion.

If the exclusion does not apply to you, select Yes or No to the measure.

Click on **Save & Continue**.

Note: If you did not select this public health measure option at the beginning of attestation, you will not see this screen. You will only see the screen for the public health options you chose.

Step 19 – Meaningful Use Objectives – Questionnaire (9B of 9)

STEPS

Answer Yes or No to the **Alternate Exclusion** or Exclusion.

If the exclusion does not apply to you, select Yes or No to the measure.

Click on **Save & Continue**.

Note: If you did not select this public health measure option at the beginning of attestation, you will not see this screen. You will only see the screen for the public health options you chose.

Step 20 – Meaningful Use Objectives – Questionnaire (9C of 9)

STEPS

Answer Yes or No to the **Alternate Exclusion** or Exclusion.

If the exclusion does not apply to you, select Yes or No to the measure.

Click on **Save & Continue**.

Note: If you did not select this public health measure option at the beginning of attestation, you will not see this screen. You will only see the screen for the public health options you chose.

Eligible hospitals and CAHs may report to more than one specialized registry and may count specialized registry reporting more than once to meet the required number of measures for the objective.

Step 21 – Meaningful Use Objectives – Questionnaire (9D of 9)

STEPS

Answer Yes or No to the **Alternate Exclusion** or Exclusion.

If the exclusion does not apply to you, select Yes or No to the measure.

Click on **Save & Continue**.

Note: If you did not select this public health measure option at the beginning of attestation, you will not see this screen. You will only see the screen for the public health options you chose.

STAGE 2 - Eligible Hospitals/CAHs

The following are objectives and measures for the EHR Incentive Programs in 2015-2017 (Modified Stage 2) for eligible professionals who are in Stage 2 in 2015.

Choose 3 of the 4 public health measures.

STEPS
....

Choose **3 of the 4** public health measures. Eligible Hospitals/CAHs scheduled to be in Stage 2 must attest to at least 3 measures from the Public Health Reporting Objective Measures 1-4.

Note: Eligible Hospitals/ CAHs may claim an Alternate Exclusion for Measure 3 (Specialized Registry Reporting).

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.

TIPS

Step 6 – Meaningful Use Objectives – Questionnaire (1 of 9)

STEPS

Select Yes or No

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.*

Step 7 – Meaningful Use Objectives – Questionnaire (2A of 9)

STEPS

Select Yes or No.

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.

Step 8 – Meaningful Use Objectives – Questionnaire (2B of 9)

STEPS

Select Yes or No.

Click *Save & Continue*

Step 9 – Meaningful Use Objectives – Questionnaire (3A of 9)

STEPS

Select the appropriate option under Patient Records.

Enter the numerator and the denominator.

Click on **Save & Continue**.

💡 **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.*

Step 10 – Meaningful Use Objectives – Questionnaire (3B of 9)

STEPS

Select the appropriate option under Patient Records.

Enter the numerator and the denominator.

Click on **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.

Step 11 – Meaningful Use Objectives – Questionnaire (3C of 9)

STEPS ....

Select the appropriate option under Patient Records.

Enter the numerator and the denominator.

Click on **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.)

Step 12 – Meaningful Use Objectives – Questionnaire (4 of 9)

STEPS

Select the appropriate option under Patient Records.

Answer Yes or No to the Alternate Exclusion or Exclusion.

Click on Save & Continue to continue with your attestation.

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

TIPS *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.*

Step 13 – Meaningful Use Objectives – Questionnaire (5 of 9)

STEPS ....

Select the appropriate option under Patient Records.

Enter the numerator and the denominator.

Click on **Save & Continue**.

Step 14 – Meaningful Use Objectives – Questionnaire (6 of 9)

STEPS ·····················

Enter the numerator and the denominator.

Click on **Save & Continue**.

Step 15 – Meaningful Use Objectives – Questionnaire (7 of 9)

STEPS ....

Select the appropriate option under Patient Records.

Enter the numerator and the denominator.

Click on **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.*

Step 16 – Meaningful Use Objectives – Questionnaire (8A of 9)

STEPS ....

Enter the numerator and denominator.

Click on **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.*

Step 17 – Meaningful Use Objectives – Questionnaire (8B of 9)

STEPS ··

Answer Yes or No to the **alternate exclusion** or exclusion.

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

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

TIPS *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.*

Step 18 – Meaningful Use Objectives – Questionnaire (9A of 9)

STEPS
....

Answer Yes or No to the Exclusion.

If the exclusion does not apply to you, select Yes or No to the measure.

Click on **Save & Continue**.

Note: If you did not select this public health measure option at the beginning of attestation, you will not see this screen. You will only see the screen for the public health options you chose.

Step 19 – Meaningful Use Objectives – Questionnaire (9B of 9)

Answer Yes or No to the Exclusion.

If the exclusion does not apply to you, select Yes or No to the measure.

Click on **Save & Continue**.

Note: If you did not select this public health measure option at the beginning of attestation, you will not see this screen. You will only see the screen for the public health options you chose.

Step 20 – Meaningful Use Objectives – Questionnaire (9C of 9)

STEPS

Answer Yes or No to the Exclusion or Alternate Exclusion.

If the exclusion or alternate exclusion does not apply to you, select Yes or No to the measure.

Click on **Save & Continue**.

Note: If you did not select this public health measure option at the beginning of attestation, you will not see this screen. You will only see the screen for the public health options you chose.

Eligible hospitals and CAHs may report to more than one specialized registry and may count specialized registry reporting more than once to meet the required number of measures for the objective.

Eligible Hospitals/CAHs may also claim an Alternate Exclusion for Measure 3 (Specialized Registry Reporting).

Step 21 – Meaningful Use Objectives – Questionnaire (9D of 9)

STEPS

Answer Yes or No to the Exclusion.

If the exclusion does not apply to you, select Yes or No to the measure.

Click on **Save & Continue**.

Note: If you did not select this public health measure option at the beginning of attestation, you will not see this screen. You will only see the screen for the public health options you chose.

Step 22 – Reporting Clinical Quality Measures (CQMs)

STEPS ....

Select the method for how you would like to report Clinical Quality Measures (CQMs). Eligible hospitals and CAHs now have the option of submitting clinical quality measures data at the time of their online attestation.

Click *Save & Continue*

Step 23 – Clinical Quality Measures (CQMs)

STEPS

Select at least 16 out of the 29 Clinical Quality Measures shown on this page. Your selection must include at least three (3) of the six (6) HHS National Quality Strategy domains. You will be prompted to enter numerator(s), denominator(s), performance rate(s), and exclusion(s), if applicable, for all selected Clinical Quality Measures on subsequent pages.

Click *Save & Continue*

Visit the Clinical Quality Measures page for more information
https://www.cms.gov/Regulations-and-Guidance/Legislation/
EHRIncentivePrograms/ClinicalQualityMeasures.html

Step 24 – Clinical Quality Measures (CQMs) (1 of 16)

STEPS

Enter Denominator and Numerator (and Exclusion, if applicable) for all 16 CQMs.

Click *Save & Continue*

TIPS

*Visit the Clinical Quality Measures page for more information **https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/ClinicalQualityMeasures.html***

Denominator is entered before the Numerator

Numerator and denominator must be whole numbers

Step 25 – Clinical Quality Measures (CQMs) (2 of 16)

STEPS

Enter Denominator and Numerator (and Exclusion, if applicable) for all 16 CQMs.

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

Step 26 – Clinical Quality Measures (CQMs) (3 of 16)

STEPS
....

Enter Denominator and Numerator (and Exclusion, if applicable) for all 16 CQMs.

Click *Save & Continue*

Step 27 – Clinical Quality Measures (CQMs) (4 of 16)

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

Step 28 – Clinical Quality Measures (CQMs) (5 of 16)

STEPS

Enter Denominator and Numerator (and Exclusion, if applicable) for all 16 CQMs.

Click *Save & Continue*

Step 29 – Clinical Quality Measures (CQMs) (6 of 16)

TIP

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

Step 30 – Clinical Quality Measures (CQMs) (7 of 16)

Step 31 – Clinical Quality Measures (CQMs) (8 of 16)

TIPS

Denominator is entered before the Numerator

Numerator and denominator must be whole numbers

Step 32 – Clinical Quality Measures (CQMs) (9 of 16)

Medicare & Medicaid EHR Incentive Program
Registration and Attestation System

Log Out | Help

Welcome

Home | Registration | Attestation | Status

Clinical Quality Measures

Questionnaire: (9 of 16)

(*) Red asterisk indicates a required field.

Tax Identifier:
NPI:
CCN:
Program Year: 2015

Measure: CMS71/NQF0436

Versions: CMS71v2/CMS71v3/CMS71v4

Title: Anticoagulation Therapy for Atrial Fibrillation/Flutter

Description: Ischemic stroke patients with atrial fibrillation/flutter who are prescribed anticoagulation therapy at hospital discharge.

Exemption: Hospitals and CAHs with 5 or fewer discharges in the relevant EHR reporting period (if subject to a 90-day EHR reporting period), or 20 or fewer discharges (if subject to a full FY EHR reporting period) as defined by the CQM's measure population would be exempted from reporting on the CQM. For eligible hospitals and CAHs participating in the Medicaid EHR Incentive Program, please check with your state Medicaid agency for any additional requirements for the case threshold exemption.

*Does this exemption apply to you?

○ NO, the EH has more than 5 discharges (if subject to a 90-day EHR reporting period) or more than 20 discharges (if subject to a full FY EHR reporting period).

○ YES, the EH has 5 or fewer discharges (if subject to a 90-day EHR reporting period) or 20 or fewer discharges (if subject to a full FY EHR reporting period).

*Case Threshold Exemption: [   ]

Denominator: Patients with a principal diagnosis of ischemic stroke and current or history of atrial fibrillation/flutter.

Numerator: Patients prescribed anticoagulation therapy at hospital discharge.

Complete the following information:

*Denominator:	*Numerator:	*Performance Rate:	*Exclusion:	*Exception:
[ ]	[ ]	[ ] %	[ ]	[ ]

For CQM field descriptions: Help

For additional information: Clinical Quality Measure 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 Denominator and Numerator (and Exclusion, if applicable) for all 16 CQMs.

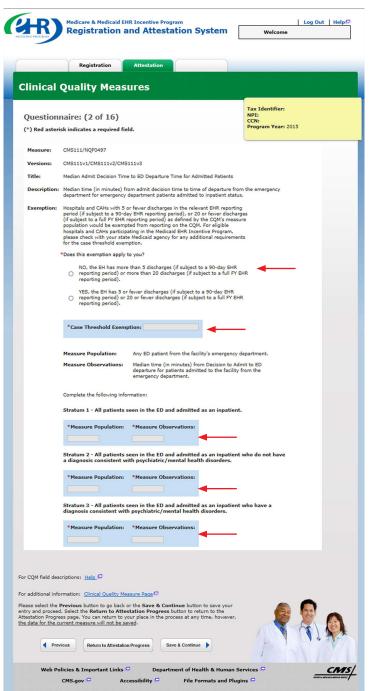Click *Save & Continue*

TIP

For additional information click on the "Clinical Quality Measure Specification Page" link, https://www.cms.gov/regulations-and-guidance/legislation/ehrincentiveprograms/clinicalqualitymeasures.html

Step 33 – Clinical Quality Measures (CQMs) (10 of 16)

STEPS

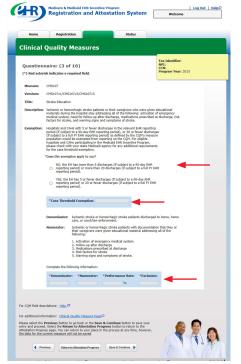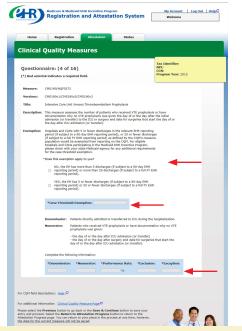Enter Denominator and Numerator (and Exclusion, if applicable) for all 16 CQMs.
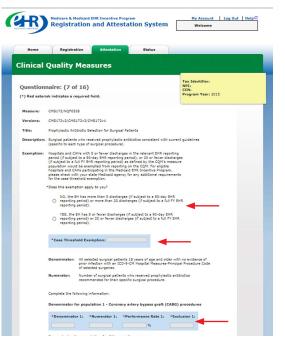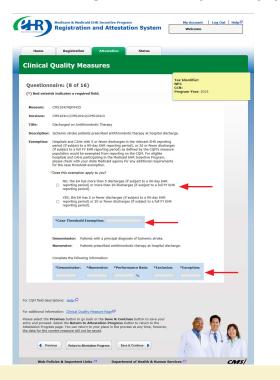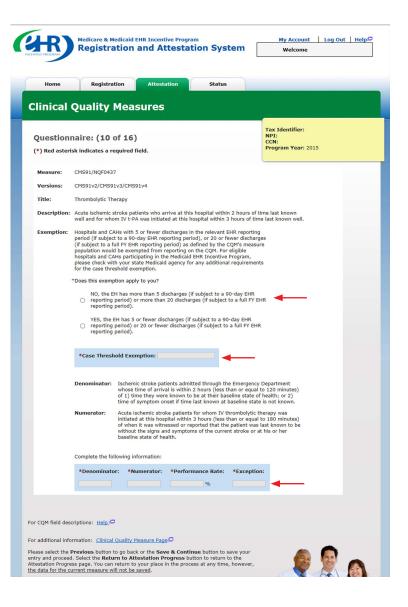
Click *Save & Continue*

TIP

For additional information click on the "Clinical Quality Measure Specification Page" link, https://www.cms.gov/regulations-and-guidance/legislation/ehrincentiveprograms/clinicalqualitymeasures.html

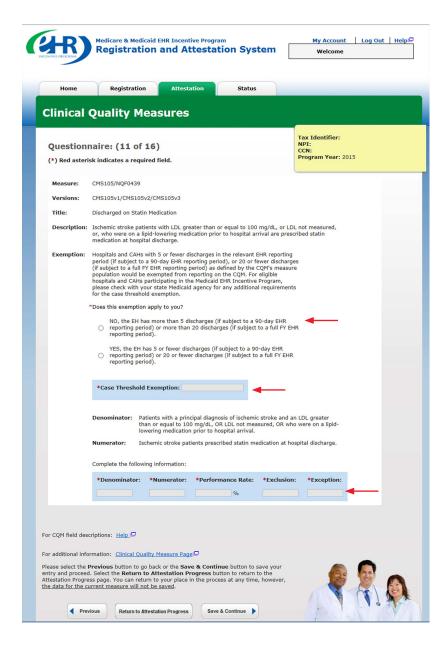## Step 34 – Clinical Quality Measures (CQMs) (11 of 16)

STEPS

Enter Denominator and Numerator (and Exclusion, if applicable) for all 16 CQMs.

Click *Save & Continue*

TIP

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

Step 35 – Clinical Quality Measures (CQMs) (12 of 16)

STEPS

Enter Denominator and Numerator (and Exclusion, if applicable) for all 16 CQMs.

Click *Save & Continue*

TIP

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

Step 36 – Clinical Quality Measures (CQMs) (13 of 16)

STEPS
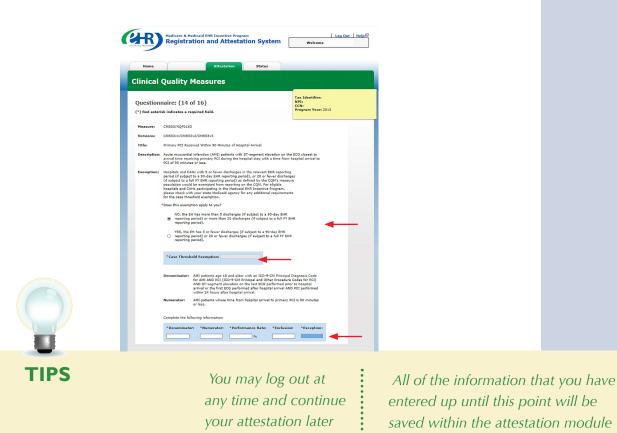
Enter Denominator and Numerator (and Exclusion, if applicable) for all 16 CQMs.

Click *Save & Continue*

Step 37 – Clinical Quality Measures (CQMs) (14 of 16)

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

Step 38 – Clinical Quality Measures (CQMs) (15 of 16)

Medicare & Medicaid EHR Incentive Program
Registration and Attestation System

My Account | Log Out | Help
Welcome

Home | Registration | Attestation | Status

Clinical Quality Measures

Questionnaire: (15 of 16)

(*) Red asterisk indicates a required field.

Tax Identifier:
NPI:
CCN:
Program Year: 2015

Measure:	CMS30/NQF0639
Versions:	CMS30v2/CMS30v3/CMS30v4
Title:	Statin Prescribed at Discharge
Description:	Acute Myocardial Infarction (AMI) patients who are prescribed a statin at hospital discharge.
Exemption:	Hospitals and CAHs with 5 or fewer discharges in the relevant EHR reporting period (if subject to a 90-day EHR reporting period), or 20 or fewer discharges (if subject to a full FY EHR reporting period) as defined by the CQM's measure population would be exempted from reporting on the CQM. For eligible hospitals and CAHs participating in the Medicaid EHR Incentive Program, please check with your state Medicaid agency for any additional requirements for the case threshold exemption.

*Does this exemption apply to you?

⦿ NO, the EH has more than 5 discharges (if subject to a 90-day EHR reporting period) or more than 20 discharges (if subject to a full FY EHR reporting period).

○ YES, the EH has 5 or fewer discharges (if subject to a 90-day EHR reporting period) or 20 or fewer discharges (if subject to a full FY EHR reporting period).

*Case Threshold Exemption: [   ]

Denominator: Patients age 18 and older with an ICD-9-CM Principal Diagnosis Code for Acute Myocardial Infarction (AMI).

Numerator: AMI patients who are prescribed a statin medication at hospital discharge.

Complete the following information:

*Denominator:	*Numerator:	*Performance Rate:	*Exclusion:	*Exception:
[ ]	[ ]	[ ] %	[ ]	[ ]

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

Step 39 – Clinical Quality Measures (CQMs) (16 of 16)

STEPS

Enter Denominator and Numerator (and Exclusion, if applicable) for all 16 CQMs.

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

Step 40 – Topics for this Attestation

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

Step 41 – Attestation Summary

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

STEPS

Select the measure to *Edit*

Modify your entry

Click *Save Changes*

When you are finished editing the measures, click on Return to **Attestation Progress.**

Step 42 – Submission Process: Attestation Statements

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

Review the summary information

Click *Submit Attestation* when you are ready to submit

Step 42 – Submission Process (cont.): Confirmation Page

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 43 – Status Selection

STEPS ....

Once you have submitted your Attestation, navigate to the status tab on the top right of the screen. Here you can view the list of all registrations in an approved status. Click the *Select* button to navigate to the status information page to review all current and historical information related to your registration. To view your batch uploads, click *View Attestation Batch Status.*

For further information about the batch upload process, please visit this page: https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/AttestationBatchSpecPage.html

Step 43 – Status Selection (Cont)

STEPS
....

On this page you can view, modify, or cancel your attestation, or upload batch files. To upload batch files, click *Attestation Batch Upload.*

For further information about the batch upload process, please visit this page: https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/AttestationBatchSpecPage.html

Step 44 – Attestation Disclaimer

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 45 – Attestation Batch Upload

STEPS

Make the appropriate selections on the page and click **Browse** to select file to be uploaded.

File extension should be '.csv' for CSV files or '.xml' for XML files.

Enter and confirm your email address.

Check the appropriate box next to the Attestation Statements.

Select **Upload**.

Step 46 – 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*

Step 47 – 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 - 03/01/15 through 05/31/15 versus 03/02/15 through 06/01/15), 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 48 – Attestation Summary (rejected attestation)

Medicare & Medicaid EHR Incentive Program
Registration and Attestation System

My Account | Log Out | Help

Welcome

Home | Registration | Attestation | Status

Summary of Meaningful Use Objectives

Meaningful Use Objectives Results

Tax Identifier:
NPI:
CCN:
Program Year: 2015

Attestation Submitted: 12/17/2015

Confirmation Number: 1000045434

Objective	Measure	Reason	Entered	Accepted / Rejected
Protect electronic protected health information (ePHI) created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities.	Conduct or review a security risk analysis in accordance with the requirements under 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of ePHI created or maintained in certified EHR technology in accordance with requirements under 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), and implement security updates as necessary and correct identified security deficiencies as part of the eligible hospital's or CAH's risk management process.	This measure does not meet minimum standard.	No	Rejected
Use clinical decision support to improve performance on high-priority health conditions.	Implement five clinical decision support interventions related to four or more clinical quality measures at a relevant point in patient care for the entire EHR reporting period. Absent four clinical quality measures related to an eligible hospital or CAH's scope of practice or patient population, the clinical decision support interventions must be related to high-priority health conditions.	This measure meets minimum standard.	Yes	Accepted
Use clinical decision support to improve performance on high-priority health conditions.	Enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period.	This measure meets minimum standard.	Yes	Accepted
Use computerized provider order entry for medication, laboratory, and radiology orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state,	More than 60 percent of medication orders created by authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using computerized provider order entry.	This measure does not meet minimum standard.	8.00%	Rejected

Please select the **Previous** button to go back a topic. Select the **Review Results** button to view the Summary of Measures Page.

◀ Previous | Review Results

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

CMS

STEPS
....

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

Review each measure for the Accepted/ Rejected Status.

TIP

Print the Summary of Measures page for your future reference

Step 49 – Cancel Attestation

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

STEPS

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

Enter a reason for cancellation

Click the *Cancel* button

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

Have Questions?

STEPS

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

The Help link is located on each page

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 7:30 a.m. – 6:30 p.m. EST

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

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**

ACRONYMS

Act Now for CMS
Electronic Health Record Incentives

eHR

Click Here

NOTES:

NOTES: