

# 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



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

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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 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**



### 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.

Log In

Cancel

Web Policies & Important Links

[CMS.gov](#)

Department of Health & Human Services

[Accessibility](#)

[File Formats and Plugins](#)



### TIPS

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

Home | Registration | **Attestation** | Status

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

Last Successful Login: 11/06/2015 | Unsuccessful Login Attempts: 0

Welcome, your first step is to register for the EHR Incentive Program.

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 your Registration, Attestation, and Payment(s) for the Incentive Program

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

CMS.gov | Accessibility | File Formats and Plugins

CMS  
CENTERS FOR MEDICARE & MEDICAID SERVICES

## STEPS

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



### 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

**Medicare Attestation Instructions**

Welcome to the Medicare Attestation Page. Medicare providers must attest using this system or attest via batch upload. 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.

Note: Medicaid Participants who have demonstrated meaningful use under the Medicaid EHR Incentive Program in a prior year and cannot demonstrate meaningful use for the current year, may submit an attestation for the current year through the Medicare EHR Incentive Program by selecting an action below.

The payment year includes the years for which the Eligible Professional is claimed by a Medicare Advantage Organization (MAO) for the MA Incentive program.

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 or a Medicaid Registration Status of "Active". Please verify that the registration is in the correct status.

**Medicare Attestation Selection**

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

Name	Tax Identifier	National Provider Identifier (NPI)	Program Type	Medicare Attestation Status	Program Year	Payment Year	Action
John Smith	XXX-XX-XXXX	0000000000	MEDICARE		2015		Attest

**Medicare Attestation Batch**

Please select the **Attestation Batch Upload** button to upload Attestations(s) using a batch file.

Attestation Batch Upload

Web Policies & Important Links | Department of Health & Human Services | CMS.gov | 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 three (3) topics for Attestation.

The screenshot shows the Medicare & Medicaid EHR Incentive Program Registration and Attestation System. At the top left is the logo for the Medicare & Medicaid EHR Incentive Program. To its right are links for "My Account", "Log Out", and "Help". Below these is a "Welcome" message. A navigation bar contains "Home", "Registration", "Attestation" (highlighted in green), and "Status". The main heading is "Attestation Progress". Under "Reason for Attestation", it says "You are modifying your attestation information." To the right, a yellow box displays "Tax Identifier: NPI: CCN: Program Year: 2015". The "Topics" section explains that data is grouped into topics and lists three: 1. Attestation Information (Completed), 2. Meaningful Use Objectives (Completed), and 3. Clinical Quality Measures (Electronic Reporting Program). A "Note" states that when all topics are completed, the "Continue with Attestation" button should be used. This button is circled in red. At the bottom, there are links for "Web Policies & Important Links", "Department of Health & Human Services", "CMS.gov", "Accessibility", and "File Formats and Plugins", along with the CMS logo.

## STEPS

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

## Step 5 – Attestation Information

Medicare & Medicaid EHR Incentive Program  
Registration and Attestation System

Welcome

Home Registration **Attestation** Status

**Attestation Information**

(\*) Red asterisk indicates a required field.

**Tax Identifier:**  
NPI:  
CCN:  
Program Year: 2015

LBN:  
TIN:  
CCN:

**EHR Certification Number:**  
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 Admissions:**  
\*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 Objectives. Please select the method that will be used for ALL Meaningful Use Objectives:  
 Observation Service Method  All ED Visits Method

**Payment Penalty Information:**  
Since this is your first year participating in Meaningful Use (MU), you must complete your MU functional measure AND clinical quality measure (CQM) submissions no later than July 1 of the reporting period year in order to avoid the payment adjustment next year. If you plan to electronically submit your CQMs, please ensure that you have received confirmation that you've met the CQM reporting requirements of submitting 16 CQMs covering 3 domains before July 1.  
 I understand that in order to avoid payment adjustment, the complete attestation must be completed before July 1.

**EHR Reporting Period:**  
Please provide the EHR reporting period associated with this attest:  
A minimum of 90 days must be specified for your meaningful use Reporting Period within the same calendar year.  
\*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. Please select **Continue** button to save your entry and proceed.

**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](mailto: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**

## STEPS

Enter your CMS EHR Certification Number

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

Enter the EHR Reporting Period through the drop-down menu.

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**



## 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 I - 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 I in 2015. Certain measures include alternate exclusions and specifications to allow providers who were previously scheduled to be in a Stage I EHR reporting period for 2015 to use a lower threshold for certain measures, or to allow providers to exclude Modified Stage 2 measures in 2015 for which there is no Stage I equivalent.

If you are in Stage 2, please skip this section and go directly to the [Stage 2 Eligible Hospitals](#) section.

**Meaningful Use Objectives**

**Instructions:** You must report to all nine Meaningful Use Objectives.

**To meet meaningful use for the Public Health Reporting Objective in 2015:**

You are required to select and attest to any combination of two measures from Public Health Reporting Measures 1-4 (Immunization Registry Reporting, Syndromic Surveillance Reporting, Specialized Registry Reporting, Electronic Reportable Laboratory Result Reporting).

- You may claim an Alternate Exclusion for Public Health Reporting Measures (Immunization Registry Reporting, Syndromic Surveillance Reporting, Specialized Registry Reporting, Electronic Reportable Laboratory Result Reporting).
- 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.

**Note:** Specialized Registry Reporting may be counted more than once if more than one Specialized Registry is reported.

Meaningful Use Objectives	Select
Protect electronic protected health information (ePHI) created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities.	Required
Use clinical decision support to improve performance on high-priority health conditions.	Required
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, local, and professional guidelines.	Required
Generate and transmit permissible discharge prescriptions electronically (eRx).	Required
The eligible hospital or CAH who transitions a patient to another setting of care or provider of care or refers a patient to another provider of care provides a summary care record for each transition of care or referral.	Required
Use clinically relevant information from certified EHR technology to identify patient-specific education resources and provide those resources to the patient.	Required
The eligible hospital or CAH that receives a patient from another setting of care or provider of care or believes an encounter is relevant performs medication reconciliation.	Required
Provide patients the ability to view online, download, and transmit information within 36 hours of hospital discharge.	Required

Public Health Reporting Objective	Measures	Select
The eligible hospital or CAH is in active engagement with a public health agency to submit electronic public health data from certified EHR technology, except where prohibited, and in accordance with applicable law and practice (495.22 (a)(10) (ii)).	Immunization Registry Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit immunization data.	<input checked="" type="checkbox"/>
	Syndromic Surveillance Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit syndromic surveillance data.	<input checked="" type="checkbox"/>
	Specialized Registry Reporting: The eligible hospital or CAH is in active engagement to submit data to a specialized registry.	<input checked="" type="checkbox"/>
	Electronic Reportable Laboratory Result Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit electronic reportable laboratory (ELR) results.	<input checked="" type="checkbox"/>

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)

Medicare & Medicaid EHR Incentive Program  
Registration and Attestation System

My Account | Log Out | Help  
Welcome

Home | Registration | **Attestation** | Status

### Meaningful Use Objectives

**Questionnaire: (1 of 9)**

(\*) Red asterisk indicates a required field.

**Objective:** Protect electronic protected health information (ePHI) created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities.

**Measure:** 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.

**Complete the following information:**

\*Have you conducted or reviewed 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 implemented security updates as necessary and correctly identified security deficiencies as part of the eligible hospital's or CAH's risk management process?

Yes  No

For additional information: [EHR Incentive Program Educational Resources](#)

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## STEPS

Select Yes or No

Click **Save & Continue**



### TIPS

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

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### Meaningful Use Objectives

**Questionnaire: (2A of 9)**

(\*) Red asterisk indicates a required field.

**Objective:** Use clinical decision support to improve performance on high-priority health conditions.

**Measure:** \*Please select one of the following:

- 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.
- OR
- Alternate Objective:** Implement one clinical decision support rule relevant to a high priority hospital condition along with the ability to track compliance with that rule.  
**Alternate Measure:** Implement one clinical decision support rule.

**Complete the following information:**

\*Have you implemented 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?

Yes  No

For additional information: [EHR Incentive Program Educational Resources](#)

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## STEPS

Select the measure.

Choose Yes or No.

Click **Save & Continue**

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

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### Meaningful Use Objectives

**Questionnaire: (2A of 9)**

(\*) Red asterisk indicates a required field.

**Objective:** Use clinical decision support to improve performance on high-priority health conditions.

**Measure:** \*Please select one of the following:

- 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.
- OR**
- Alternate Objective:** Implement one clinical decision support rule relevant to a high priority hospital condition along with the ability to track compliance with that rule.  
**Alternate Measure:** Implement one clinical decision support rule.

**Complete the following information:**

\*Have you implemented one clinical decision support rule at a relevant point in patient care for the entire EHR reporting period?

Yes     No

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## 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)

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### Meaningful Use Objectives

**Questionnaire: (2B of 9)**

(\*) Red asterisk indicates a required field.

**Objective:** Use clinical decision support to improve performance on high-priority health conditions.

**Measure:** Enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period.

**Complete the following information:**

\*Has the eligible hospital or CAH enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period?

Yes  No

For additional information: [EHR Incentive Program Educational Resources](#)

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## 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)

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## Meaningful Use Objectives

**Questionnaire: (3A of 9)**

(\*) Red asterisk indicates a required field.

**Objective:** 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, local, and professional guidelines.

**Measure:** \*Please select one of the following:

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.

**OR Alternate Measure:**

More than 30 percent 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 computerized provider order entry; or more than 30 percent of medication orders created by the authorized providers of the eligible hospital or CAH for patients admitted to their inpatient or emergency departments (POS 21 or 23) during the EHR reporting period are recorded using computerized provider order entry.

\*PATIENT RECORDS: Please select whether the data used to support the measure 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 only extracted from patient records maintained using certified EHR technology.

**Complete the following information:**

**Numerator** The number of orders in the denominator recorded using computerized provider order entry.

**Denominator** The number of medication orders created by the authorized providers in the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

\*Numerator:  \*Denominator:

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## 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 using ALL patient records. Eligible hospitals must indicate which method they used in the questionnaire.*

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

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### Meaningful Use Objectives

**Questionnaire: (3A of 9)**

(\*) Red asterisk indicates a required field.

**Objective:** 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, local, and professional guidelines.

**Measure:** \*Please select one of the following:

- 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.

**OR Alternate Measure:**

- More than 30 percent 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 computerized provider order entry; or more than 30 percent of medication orders created by the authorized providers of the eligible hospital or CAH for patients admitted to their inpatient or emergency departments (POS 21 or 23) during the EHR reporting period are recorded using computerized provider order entry.

**\*PATIENT RECORDS:** Please select whether the data used to support the measure 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 only extracted from patient records maintained using certified EHR technology.

**Complete the following information:**

**Numerator** The number of orders in the denominator recorded using computerized provider order entry.

**Denominator** The number of medication orders created by the authorized providers in the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

\*Numerator:  \*Denominator:

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## 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 using ALL patient records. Eligible hospitals must indicate which method they used in the questionnaire.*

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

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### Meaningful Use Objectives

Questionnaire: (3B of 9)

(\*) Red asterisk indicates a required field.

**Objective:** 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, local, and professional guidelines.

**Measure:** More than 30 percent of laboratory 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.

**ALTERNATE EXCLUSION:** Providers scheduled to be in Stage 1 in 2015 may claim an exclusion for measure 2 (laboratory orders) of the Stage 2 computerized provider order entry objective for an EHR reporting period in 2015.

**\*Do you want to claim this exclusion?**

Yes  No

**\*PATIENT RECORDS:** Please select whether the data used to support the measure 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 only extracted from patient records maintained using certified EHR technology.

**Complete the following information:**

**Numerator** The number of orders in the denominator recorded using computerized provider order entry.

**Denominator** The number of laboratory orders created by the authorized providers in the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

\*Numerator:  \*Denominator:

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## 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 II – Meaningful Use Objectives – Questionnaire (3C of 9)

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### Meaningful Use Objectives

**Questionnaire: (3C of 9)**

(\*) Red asterisk indicates a required field.

**Objective:** 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, local, and professional guidelines.

**Measure:** More than 30 percent of radiology 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.

**ALTERNATE EXCLUSION:** Providers scheduled to be in Stage 1 in 2015 may claim an exclusion for measure 3 (radiology orders) of the Stage 2 computerized provider order entry objective for an EHR reporting period in 2015.

**\*Do you want to claim this exclusion?**

Yes  No

**\*PATIENT RECORDS:** Please select whether the data used to support the measure 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 only extracted from patient records maintained using certified EHR technology.

**Complete the following information:**

**Numerator** The number of orders in the denominator recorded using computerized provider order entry.

**Denominator** The number of radiology orders created by the authorized providers in the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

\*Numerator:  \*Denominator:

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## 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)

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### Meaningful Use Objectives

Questionnaire: (4 of 9)  
(\* Red asterisk indicates a required field.)

Tax Identifier:  
NPI:  
CCN:  
Program Year: 2015

Objective: Generate and transmit permissible discharge prescriptions electronically (eRx).

Measure: More than 10 percent of hospital discharge medication orders for permissible prescriptions are queried for a drug formulary and transmitted electronically using certified EHR technology.

**ALTERNATE EXCLUSION:** The eligible hospital or CAH may claim an exclusion for the eRx objective and measure if for an EHR reporting period in 2015 they were scheduled to demonstrate Stage 1, which does not have an equivalent measure.

\*Do you want to claim this exclusion?  
 Yes  No

**EXCLUSION:** Any eligible hospital or CAH that does not have an internal pharmacy that can accept electronic prescriptions and is not located within 10 miles of any pharmacy that accepts electronic prescriptions at the start of their EHR reporting period. 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 the data used to support the measure 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 only extracted from patient records maintained using certified EHR technology.

Complete the following information:

**Numerator** The number of prescriptions in the denominator generated, queried for a drug formulary, and transmitted electronically.

**Denominator** The number of new or changed permissible prescriptions written for drugs requiring a prescription in order to be dispensed for patients discharged during the EHR reporting period.

\*Numerator:  \*Denominator:

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## 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)

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### Meaningful Use Objectives

Questionnaire: (5 of 9)

(\*) Red asterisk indicates a required field.

**Objective:** The eligible hospital or CAH who transitions a patient to another setting of care or provider of care or refers a patient to another provider of care provides a summary care record for each transition of care or referral.

**Measure:** The eligible hospital or CAH that transitions or refers its patient to another setting of care or provider of care must do the following:  
(1) Use certified EHR technology to create a summary of care record; and  
(2) Electronically transmit such summary to a receiving provider for more than 10 percent of transitions of care and referrals.

**ALTERNATE EXCLUSION:** Providers may claim an exclusion for the Stage 2 measure that requires the electronic transmission of a summary of care document if for an EHR reporting period in 2015, they were scheduled to demonstrate Stage 1, which does not have an equivalent measure.

**\*Do you want to claim this exclusion?**

Yes  No

**\*PATIENT RECORDS:** Please select whether the data used to support the measure 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 only extracted from patient records maintained using certified EHR technology.

**Complete the following information:**

**Numerator** The number of transitions of care and referrals in the denominator where a summary of care record was created using certified EHR technology and exchanged electronically.

**Denominator** The number of transitions of care and referrals during the EHR reporting period for which the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) was the transferring or referring provider.

\*Numerator:  \*Denominator:

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## 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)

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## Meaningful Use Objectives

**Questionnaire: (6 of 9)**

(\*) Red asterisk indicates a required field.

**Objective:** Use clinically relevant information from certified EHR technology to identify patient-specific education resources and provide those resources to the patient.

**Measure:** More than 10 percent of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) are provided patient-specific education resources identified by certified EHR technology.

**ALTERNATE EXCLUSION:** Providers may claim an exclusion for the measure of the Stage 2 Patient-Specific Education objective if for an EHR reporting period in 2015 they were scheduled to demonstrate Stage 1, but did not intend to select the Stage 1 Patient Specific Education menu objective.

**\*Do you want to claim this exclusion?**

Yes  No

**Complete the following information:**

**Numerator** The number of patients in the denominator who are subsequently provided patient-specific education resources identified by certified EHR technology.

**Denominator** The number of unique patients admitted to the eligible hospital's or CAH's inpatient or emergency departments (POS 21 or 23) during the EHR reporting period.

\*Numerator:  \*Denominator:

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## 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)

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### Meaningful Use Objectives

Questionnaire: (7 of 9)

(\*) Red asterisk indicates a required field.

**Objective:** The eligible hospital or CAH that receives a patient from another setting of care or provider of care or believes an encounter is relevant performs medication reconciliation.

**Measure:** The eligible hospital or CAH performs medication reconciliation for more than 50 percent of transitions of care in which the patient is admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23).

**ALTERNATE EXCLUSION:** Providers may claim an exclusion for the measure of the Stage 2 Medication Reconciliation objective if for an EHR reporting period in 2015 they were scheduled to demonstrate Stage 1, but did not intend to select the Stage 1 Medication Reconciliation menu objective.

**\*Do you want to claim this exclusion?**

Yes  No

**\*PATIENT RECORDS:** Please select whether the data used to support the measure 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 only extracted from patient records maintained using certified EHR technology.

**Complete the following information:**

**Numerator** The number of transitions of care in the denominator where medication reconciliation was performed.

**Denominator** The number of transitions of care during the EHR reporting period for which the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) was the receiving party of the transition.

\*Numerator:  \*Denominator:

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## 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)

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### Meaningful Use Objectives

**Questionnaire: (8A of 9)**

(\*) Red asterisk indicates a required field.

**Objective:** Provide patients the ability to view online, download, and transmit information within 36 hours of hospital discharge.

**Measure:** More than 50 percent of all unique patients who are discharged from the inpatient or emergency department (POS 21 or 23) of an eligible hospital or CAH have timely access to view online, download, and transmit to a third party their health information.

**Complete the following information:**

**Numerator** The number of patients in the denominator who have access to view, download, and transmit their health information within 36 hours after the information is available to the eligible hospital or CAH.

**Denominator** The number of unique patients discharged from an eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

\*Numerator:  \*Denominator:

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## 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)

Medicare & Medicaid EHR Incentive Program  
Registration and Attestation System

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## Meaningful Use Objectives

Questionnaire: (8B of 9)

(\*) Red asterisk indicates a required field.

**Objective:** Provide patients the ability to view online, download, and transmit information within 36 hours of hospital discharge.

**Measure:** At least one patient (or patient-authorized representative) who is discharged from the inpatient or emergency department (POS 21 or 23) of an eligible hospital or CAH during the EHR reporting period views, downloads, or transmits to a third party his or her information during the EHR reporting period.

**ALTERNATE EXCLUSION:** Providers may claim an exclusion for this measure if for an EHR reporting period in 2015, they were scheduled to demonstrate Stage 1, which does not have an equivalent measure.

**\*Do you want to claim this exclusion?**

Yes  No

**EXCLUSION: Based on ALL patient records:** Any eligible hospital or CAH that is located in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period.

Exclusion from this requirement does not prevent an eligible hospital or CAH from achieving meaningful use.

**\*Does this exclusion apply to you?**

Yes  No

**Complete the following information:**

**Numerator** The number of patients (or patient-authorized representative) in the denominator who view, download, or transmit to a third party their health information.

**Denominator** The number of unique patients discharged from the inpatient or emergency department (POS 21 or 23) of the eligible hospital or CAH during the EHR reporting period.

**\*Numerator:**  **\*Denominator:**

For additional information: [EHR Incentive Program Educational Resources](#)

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.

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

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## 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)

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

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### Meaningful Use Objectives

**Questionnaire: (9A of 9)**

(\* Red asterisk indicates a required field.)

**Objective:** The eligible hospital or CAH is in active engagement with a public health agency to submit electronic public health data from certified EHR technology, except where prohibited, and in accordance with applicable law and practice (495.22 (e)(10)(ii)).

**Measure:** Immunization Registry Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit immunization data.

**ALTERNATE EXCLUSION:** Providers may claim an alternate exclusion for measure 1 (immunization registry reporting) of the Public Health Reporting objective if for an EHR reporting period in 2015 they were scheduled to demonstrate Stage 1 but did not intend to select the Stage 1 immunization registry menu objective.

**Note:** You may apply an alternate exclusion for up to three of the Public Health Reporting Measures and must attest to or apply a standard exclusion to at least one Public Health Reporting Measure.

**\*Do you want to claim this exclusion?**

Yes  No

**EXCLUSION:** Any eligible hospital or CAH meeting one or more of the following criteria may be excluded from the immunization registry reporting measure if the eligible hospital or CAH:

- i. Does not administer any immunizations to any of the populations for which data is collected by their jurisdiction's immunization registry or immunization information system during the EHR reporting period;
- ii. Operates in a jurisdiction for which no immunization registry or immunization information system is capable of accepting the specific standards required to meet the certified EHR technology definition at the start of the EHR reporting period; or
- iii. Operates in a jurisdiction where no immunization registry or immunization information system has declared readiness to receive immunization data from the eligible hospital or CAH at the start of the EHR reporting period.

Exclusion from this requirement does not prevent an eligible hospital or CAH from achieving meaningful use.

**\*Does this exclusion apply to you?**

Yes  No

**Complete the following information:**

**\*Have you had active engagement with a public health agency to submit electronic immunization data from certified EHR technology to an immunization registry or immunization information system for the EHR reporting period?**

Yes  No

For additional information: [EHR Incentive Program Educational Resources](#)

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.

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

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## 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)

Medicare & Medicaid EHR Incentive Program  
Registration and Attestation System

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### Meaningful Use Objectives

**Questionnaire: (9B of 9)**

(\*) Red asterisk indicates a required field.

**Objective:** The eligible hospital or CAH is in active engagement with a public health agency to submit electronic public health data from certified EHR technology, except where prohibited, and in accordance with applicable law and practice (495.22 (e)(10)(ii)).

**Measure:** **Syndromic Surveillance Reporting:** The eligible hospital or CAH is in active engagement with a public health agency to submit syndromic surveillance data.

**ALTERNATE EXCLUSION:** Providers may claim an alternate exclusion for measure 2 (syndromic surveillance reporting) of the Public Health Reporting objective if for an EHR reporting period in 2015 they were scheduled to demonstrate Stage 1 but did not intend to select the Stage 1 syndromic surveillance menu objective.

**Note:** You may apply an alternate exclusion for up to three of the Public Health Reporting Measures and must attest to or apply a standard exclusion to at least one Public Health Reporting Measure.

**\*Do you want to claim this exclusion?**

Yes  No

**EXCLUSION:** Any eligible hospital or CAH meeting one or more of the following criteria may be excluded from the syndromic surveillance reporting measure if the eligible hospital or CAH:

- i. Does not have an emergency or urgent care department;
- ii. Operates in a jurisdiction for which no public health agency is capable of receiving electronic syndromic surveillance data from eligible hospitals or CAHs in the specific standards required to meet the certified EHR technology definition at the start of the EHR reporting period; or
- iii. Operates in a jurisdiction where no public health agency has declared readiness to receive syndromic surveillance data from eligible hospitals or CAHs at the start of the EHR reporting period.

Exclusion from this requirement does not prevent an eligible hospital or CAH from achieving meaningful use.

**\*Does this exclusion apply to you?**

Yes  No

**Complete the following information:**

**\*Have you had active engagement with a public health agency to submit electronic syndromic surveillance data from certified EHR technology to the public health agency for the EHR reporting period?**

Yes  No

For additional information: [EHR Incentive Program Educational Resources](#)

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.

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

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## 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)

Medicare & Medicaid EHR Incentive Program  
Registration and Attestation System

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### Meaningful Use Objectives

**Questionnaire: (9C of 9)**

(\* Red asterisk indicates a required field.)

**Tax Identifier:**  
NPI:  
CCN:  
Program Year: 2015

**Objective:** The eligible hospital or CAH is in active engagement with a public health agency to submit electronic public health data from certified EHR technology, except where prohibited, and in accordance with applicable law and practice (495.22 (e)(10)(ii)).

**Measure:** Specialized Registry Reporting: The eligible hospital or CAH is in active engagement to submit data to a specialized registry.

**ALTERNATE EXCLUSION:** Providers may claim an alternate exclusion for measure 3 (specialized registry reporting) of the Public Health Reporting objective for an EHR reporting period in 2015, as there was no equivalent Stage 1 or Stage 2 measure.

**Note:** You may apply an alternate exclusion for up to three of the Public Health Reporting Measures and must attest to or apply a standard exclusion to at least one Public Health Reporting Measure.

**\*Do you want to claim this exclusion?**

Yes  No

**EXCLUSION:** Any eligible hospital or CAH meeting one or more of the following criteria may be excluded from the specialized registry reporting measure if the eligible hospital or CAH:

- i. Does not diagnose or directly treat any disease or condition associated with or collect relevant data that is collected by a specialized registry for which the eligible hospital or CAH is eligible in their jurisdiction
- ii. Operates in a jurisdiction for which no specialized registry is capable of accepting electronic registry transactions in the specific standards required to meet the certified EHR technology definition at the start of the EHR reporting period; or
- iii. Operates in a jurisdiction where no specialized registry for which the eligible hospital or CAH is eligible has declared readiness to receive electronic registry transactions at the beginning of the EHR reporting period.

Exclusion from this requirement does not prevent an eligible hospital or CAH from achieving meaningful use.

**\*Does this exclusion apply to you?**

Yes  No

**Complete the following information:**

**\*Indicate the number of unique specialized registries, excluding cancer registries, with which you had active engagement to submit data from certified EHR technology for the EHR reporting period.**

**\*Number of Specialized Registries:**

For additional information: [EHR Incentive Program Educational Resources](#)

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.

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

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## 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)

Medicare & Medicaid EHR Incentive Program  
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### Meaningful Use Objectives

**Questionnaire: (9D of 9)**

(\*) Red asterisk indicates a required field.

**Objective:** The eligible hospital or CAH is in active engagement with a public health agency to submit electronic public health data from certified EHR technology, except where prohibited, and in accordance with applicable law and practice (495.22 (e)(10)(ii)).

**Measure:** **Electronic Reportable Laboratory Result Reporting:** The eligible hospital or CAH is in active engagement with a public health agency to submit electronic reportable laboratory (ELR) results.

**ALTERNATE EXCLUSION:** Providers may claim an alternate exclusion for measure 4 (electronic reportable laboratory result reporting) of the Public Health Reporting objective if for an EHR reporting period in 2015 they were scheduled to demonstrate Stage 1 but did not intend to select the Stage 1 electronic reportable laboratory result menu objective.

**Note:** You may apply an alternate exclusion for up to three of the Public Health Reporting Measures and must attest to or apply a standard exclusion to at least one Public Health Reporting Measure.

**\* Do you want to claim this exclusion?**

Yes  No

**EXCLUSION:** Any eligible hospital or CAH meeting one or more of the following criteria may be excluded from the electronic reportable laboratory result reporting measure if the eligible hospital or CAH:

- Does not perform or order laboratory tests that are reportable in their jurisdiction during the EHR reporting period;
- Operates in a jurisdiction for which no public health agency that is capable of accepting the specific ELR standards required to meet the certified EHR technology definition at the start of the EHR reporting period; or
- Operates in a jurisdiction where no public health agency has declared readiness to receive electronic reportable laboratory results from eligible hospitals or CAHs at the start of the EHR reporting period.

Exclusion from this requirement does not prevent an eligible hospital or CAH from achieving meaningful use.

**\* Does this exclusion apply to you?**

Yes  No

**Complete the following information:**

**\* Have you had active engagement with a public health agency to submit electronic reportable laboratory results from certified EHR technology to the public health agency for the EHR reporting period?**

Yes  No

For additional information: [EHR Incentive Program Educational Resources](#)

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.

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## 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.

### 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).

**Meaningful Use Objectives**

Instructions: You must report to all nine Meaningful Use Objectives.

**To meet meaningful use for the Public Health Reporting Objective in 2015:**

You are required to select and attest to any combination of three measures from Public Health Reporting Measures 1-4 (Immunization Registry Reporting, Syndromic Surveillance Reporting, Specialized Registry Reporting, Electronic Reportable Laboratory Result Reporting).

Note: Specialized Registry Reporting may be counted more than once if more than one Specialized Registry is reported.

Meaningful Use Objectives	Select
Protect electronic protected health information (ePHI) created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities.	Required
Use clinical decision support to improve performance on high-priority health conditions.	Required
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, local, and professional guidelines.	Required
Generate and transmit permissible discharge prescriptions electronically (eRx).	Required
The eligible hospital or CAH who transitions a patient to another setting of care or provider of care or refers a patient to another provider of care provides a summary care record for each transition of care or referral.	Required
Use clinically relevant information from certified EHR technology to identify patientspecific education resources and provide those resources to the patient.	Required
The eligible hospital or CAH that receives a patient from another setting of care or provider of care or believes an encounter is relevant performs medication reconciliation.	Required
Provide patients the ability to view online, download, and transmit information within 36 hours of hospital discharge.	Required

Public Health Reporting Objective	Measures	Select
The eligible hospital or CAH is in active engagement with a public health agency to submit electronic public health data from certified EHR technology, except where prohibited, and in accordance with applicable law and practice (495.22 (e)(1)(ii)).	<b>Immunization Registry Reporting:</b> The eligible hospital or CAH is in active engagement with a public health agency to submit immunization data.	<input checked="" type="checkbox"/>
	<b>Syndromic Surveillance Reporting:</b> The eligible hospital or CAH is in active engagement with a public health agency to submit syndromic surveillance data.	<input checked="" type="checkbox"/>
	<b>Specialized Registry Reporting:</b> The eligible hospital or CAH is in active engagement to submit data to a specialized registry.	<input checked="" type="checkbox"/>
	<b>Electronic Reportable Laboratory Result Reporting:</b> The eligible hospital or CAH is in active engagement with a public health agency to submit electronic reportable laboratory (ELR) results.	<input checked="" type="checkbox"/>

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.

Choose 3 of the 4 public health measures.



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

The screenshot shows the Medicare & Medicaid EHR Incentive Program Registration and Attestation System interface. At the top, there is a navigation bar with 'Home', 'Registration', 'Attestation' (selected), and 'Status'. A 'Welcome' message is displayed in the top right. The main heading is 'Meaningful Use Objectives'. The questionnaire is titled 'Questionnaire: (1 of 9)'. A note states: '(\*) Red asterisk indicates a required field.' The objective is: 'Protect electronic protected health information (ePHI) created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities.' The measure is: '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.' A section titled 'Complete the following information:' contains a question: '\*Have you conducted or reviewed 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 implemented security updates as necessary and correctly identified security deficiencies as part of the eligible hospital's or CAH's risk management process?' Below the question are radio buttons for 'Yes' and 'No'. A red arrow points to the 'No' radio button. At the bottom, there are three buttons: 'Previous', 'Return to Attestation Progress', and 'Save & Continue' (circled in red). A 'Tax Identifier' box shows: NPI, CCN, and Program Year: 2015. The footer includes 'Web Policies & Important Links', 'Department of Health & Human Services', 'CMS.gov', 'Accessibility', 'File Formats and Plugins', and the CMS logo.

## 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)

Medicare & Medicaid EHR Incentive Program  
Registration and Attestation System

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### Meaningful Use Objectives

**Questionnaire: (2A of 9)**

(\*) Red asterisk indicates a required field.

**Objective:** Use clinical decision support to improve performance on high-priority health conditions.

**Measure:** 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.

**Complete the following information:**

\*Have you implemented 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?

Yes  No

For additional information: [EHR Incentive Program Educational Resources](#)

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.

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## 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)

Medicare & Medicaid EHR Incentive Program  
Registration and Attestation System

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### Meaningful Use Objectives

**Questionnaire: (2B of 9)**

(\*) Red asterisk indicates a required field.

**Objective:** Use clinical decision support to improve performance on high-priority health conditions.

**Measure:** Enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period.

**Complete the following information:**

\*Has the eligible hospital or CAH enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period?

Yes  No

Tax Identifier:  
NPI:  
CCN:  
Program Year: 2015

For additional information: [EHR Incentive Program Educational Resources](#)

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.

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## STEPS

Select Yes or No.

Click **Save & Continue**

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

Medicare & Medicaid EHR Incentive Program  
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### Meaningful Use Objectives

**Questionnaire: (3A of 9)**

(\* Red asterisk indicates a required field.)

**Objective:** 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, local, and professional guidelines.

**Measure:** 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.

**\*PATIENT RECORDS:** Please select whether the data used to support the measure 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 only extracted from patient records maintained using certified EHR technology.

**Complete the following information:**

**Numerator** The number of orders in the denominator recorded using computerized provider order entry.

**Denominator** The number of medication orders created by the authorized providers in the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

\*Numerator:  \*Denominator:

For additional information: [EHR Incentive Program Educational Resources](#)

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.

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## 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)

Medicare & Medicaid EHR Incentive Program  
Registration and Attestation System

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### Meaningful Use Objectives

**Questionnaire: (3B of 9)**

(\*) Red asterisk indicates a required field.

**Objective:** 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, local, and professional guidelines.

**Measure:** More than 30 percent of laboratory 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.

**\*PATIENT RECORDS:** Please select whether the data used to support the measure 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 only extracted from patient records maintained using certified EHR technology.

**Complete the following information:**

**Numerator** The number of orders in the denominator recorded using computerized provider order entry.

**Denominator** The number of laboratory orders created by the authorized providers in the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

\*Numerator:  \*Denominator:

For additional information: [EHR Incentive Program Educational Resources](#)

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 **not any** changes that you have made on this page will not be saved. Select the **Save & Continue** button to save your entry and proceed.

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## 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 II – Meaningful Use Objectives – Questionnaire (3C of 9)

Medicare & Medicaid EHR Incentive Program  
Registration and Attestation System

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### Meaningful Use Objectives

**Questionnaire: (3C of 9)**  
(\*) Red asterisk indicates a required field.

**Objective:** 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, local, and professional guidelines.

**Measure:** More than 30 percent of radiology 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.

**\*PATIENT RECORDS:** Please select whether the data used to support the measure 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 only extracted from patient records maintained using certified EHR technology.

**Complete the following information:**

**Numerator** The number of orders in the denominator recorded using computerized provider order entry.

**Denominator** The number of radiology orders created by the authorized providers in the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

\*Numerator:  \*Denominator:

For additional information: [EHR Incentive Program Educational Resources](#)

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.

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## 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)

Medicare & Medicaid EHR Incentive Program  
Registration and Attestation System

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### Meaningful Use Objectives

Questionnaire: (4 of 9)

(\*) Red asterisk indicates a required field.

**Objective:** Generate and transmit permissible discharge prescriptions electronically (eRx).

**Measure:** More than 10 percent of hospital discharge medication orders for permissible prescriptions are queried for a drug formulary and transmitted electronically using certified EHR technology.

**ALTERNATE EXCLUSION:** The eligible hospital or CAH may claim an exclusion for the eRx objective and measure if for an EHR reporting period in 2015 they were scheduled to demonstrate Stage 2, but did not intend to select the Stage 2 eRx objective for an EHR reporting period in 2015.

\*Do you want to claim this exclusion?

Yes  No

**EXCLUSION:** Any eligible hospital or CAH that does not have an internal pharmacy that can accept electronic prescriptions and is not located within 10 miles of any pharmacy that accepts electronic prescriptions at the start of their EHR reporting period. 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 the data used to support the measure 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 only extracted from patient records maintained using certified EHR technology.

Complete the following information:

**Numerator** The number of prescriptions in the denominator generated, queried for a drug formulary, and transmitted electronically.

**Denominator** The number of new or changed permissible prescriptions written for drugs requiring a prescription in order to be dispensed for patients discharged during the EHR reporting period.

\*Numerator:  \*Denominator:

For additional information: [EHR Incentive Program Educational Resources](#)

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.

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

## 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)

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

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### Meaningful Use Objectives

**Questionnaire: (5 of 9)**

(\*) Red asterisk indicates a required field.

**Objective:** The eligible hospital or CAH who transitions a patient to another setting of care or provider of care or refers a patient to another provider of care provides a summary care record for each transition of care or referral.

**Measure:** The eligible hospital or CAH that transitions or refers its patient to another setting of care or provider of care must do the following:  
(1) Use certified EHR technology to create a summary of care record; and  
(2) Electronically transmit such summary to a receiving provider for more than 10 percent of transitions of care and referrals.

**\*PATIENT RECORDS:** Please select whether the data used to support the measure 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 only extracted from patient records maintained using certified EHR technology.

**Complete the following information:**

**Numerator** The number of transitions of care and referrals in the denominator where a summary of care record was created using certified EHR technology and exchanged electronically.

**Denominator** The number of transitions of care and referrals during the EHR reporting period for which the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) was the transferring or referring provider.

\*Numerator:  \*Denominator:

For additional information: [EHR Incentive Program Educational Resources](#)

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.

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.

Enter the numerator and the denominator.

Click on **Save & Continue**.

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

Medicare & Medicaid EHR Incentive Program  
Registration and Attestation System

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### Meaningful Use Objectives

**Questionnaire: (6 of 9)**

(\*) Red asterisk indicates a required field.

**Objective:** Use clinically relevant information from certified EHR technology to identify patient-specific education resources and provide those resources to the patient.

**Measure:** More than 10 percent of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) are provided patient-specific education resources identified by certified EHR technology.

**Complete the following information:**

**Numerator** The number of patients in the denominator who are subsequently provided patient-specific education resources identified by certified EHR technology.

**Denominator** The number of unique patients admitted to the eligible hospital's or CAH's inpatient or emergency departments (POS 21 or 23) during the EHR reporting period.

\*Numerator:  \*Denominator:

For additional information: [EHR Incentive Program Educational Resources](#)

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.

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

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CENTERS FOR MEDICARE & MEDICAID SERVICES

## STEPS

Enter the numerator and the denominator.

Click on **Save & Continue**.



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

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

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### Meaningful Use Objectives

**Questionnaire: (7 of 9)**

(\*) Red asterisk indicates a required field.

**Objective:** The eligible hospital or CAH that receives a patient from another setting of care or provider of care or believes an encounter is relevant performs medication reconciliation.

**Measure:** The eligible hospital or CAH performs medication reconciliation for more than 50 percent of transitions of care in which the patient is admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23).

**\*PATIENT RECORDS:** Please select whether the data used to support the measure 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 only extracted from patient records maintained using certified EHR technology.

**Complete the following information:**

**Numerator** The number of transitions of care in the denominator where medication reconciliation was performed.

**Denominator** The number of transitions of care during the EHR reporting period for which the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) was the receiving party of the transition.

\*Numerator:  \*Denominator:

For additional information: [EHR Incentive Program Educational Resources](#)

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.

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

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## 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)

Medicare & Medicaid EHR Incentive Program  
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### Meaningful Use Objectives

**Questionnaire: (8A of 9)**

(\*) Red asterisk indicates a required field.

**Objective:** Provide patients the ability to view online, download, and transmit information within 36 hours of hospital discharge.

**Measure:** More than 50 percent of all unique patients who are discharged from the inpatient or emergency department (POS 21 or 23) of an eligible hospital or CAH have timely access to view online, download, and transmit to a third party their health information.

**Complete the following information:**

**Numerator** The number of patients in the denominator who have access to view, download, and transmit their health information within 36 hours after the information is available to the eligible hospital or CAH.

**Denominator** The number of unique patients discharged from an eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

\*Numerator:  \*Denominator:

For additional information: [EHR Incentive Program Educational Resources](#)

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.

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

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## 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)

Medicare & Medicaid EHR Incentive Program  
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### Meaningful Use Objectives

**Questionnaire: (8B of 9)**

(\*) Red asterisk indicates a required field.

**Objective:** Provide patients the ability to view online, download, and transmit information within 36 hours of hospital discharge.

**Measure:** At least one patient (or patient- authorized representative) who is discharged from the inpatient or emergency department (POS 21 or 23) of an eligible hospital or CAH during the EHR reporting period views, downloads, or transmits to a third party his or her information during the EHR reporting period.

**EXCLUSION: Based on ALL patient records:** Any eligible hospital or CAH that is located in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period.

Exclusion from this requirement does not prevent an eligible hospital or CAH from achieving meaningful use.

**\*Does this exclusion apply to you?**

Yes  No

**Complete the following information:**

**Numerator** The number of patients (or patient-authorized representative) in the denominator who view, download, or transmit to a third party their health information.

**Denominator** The number of unique patients discharged from the inpatient or emergency department (POS 21 or 23) of the eligible hospital or CAH during the EHR reporting period.

\*Numerator:  \*Denominator:

For additional information: [EHR Incentive Program Educational Resources](#)

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.

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## 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)

Medicare & Medicaid EHR Incentive Program  
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### Meaningful Use Objectives

**Questionnaire: (9A of 9)**

(\*) Red asterisk indicates a required field.

**Objective:** The eligible hospital or CAH is in active engagement with a public health agency to submit electronic public health data from certified EHR technology, except where prohibited, and in accordance with applicable law and practice (495.22 (e)(10)(ii)).

**Measure:** Immunization Registry Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit immunization data.

**EXCLUSION:** Any eligible hospital or CAH meeting one or more of the following criteria may be excluded from the immunization registry reporting measure if the eligible hospital or CAH:

- i. Does not administer any immunizations to any of the populations for which data is collected by their jurisdiction's immunization registry or immunization information system during the EHR reporting period;
- ii. Operates in a jurisdiction for which no immunization registry or immunization information system is capable of accepting the specific standards required to meet the certified EHR technology definition at the start of the EHR reporting period; or
- iii. Operates in a jurisdiction where no immunization registry or immunization information system has declared readiness to receive immunization data from the eligible hospital or CAH at the start of the EHR reporting period.

Exclusion from this requirement does not prevent an eligible hospital or CAH from achieving meaningful use.

**\*Does this exclusion apply to you?**

Yes  No

**Complete the following information:**

**\*Have you had active engagement with a public health agency to submit electronic immunization data from certified EHR technology to an immunization registry or immunization information system for the EHR reporting period?**

Yes  No

For additional information: [EHR Incentive Program Educational Resources](#)

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.

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Center for Medicare & Medicaid Services

## 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)

Medicare & Medicaid EHR Incentive Program  
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### Meaningful Use Objectives

Questionnaire: (9B of 9)

(\*) Red asterisk indicates a required field.

**Objective:** The eligible hospital or CAH is in active engagement with a public health agency to submit electronic public health data from certified EHR technology, except where prohibited, and in accordance with applicable law and practice (495.22 (e)(10)(ii)).

**Measure:** Syndromic Surveillance Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit syndromic surveillance data.

**EXCLUSION:** Any eligible hospital or CAH meeting one or more of the following criteria may be excluded from the syndromic surveillance reporting measure if the eligible hospital or CAH:

- i. Does not have an emergency or urgent care department;
- ii. Operates in a jurisdiction for which no public health agency is capable of receiving electronic syndromic surveillance data from eligible hospitals or CAHs in the specific standards required to meet the certified EHR technology definition at the start of the EHR reporting period; or
- iii. Operates in a jurisdiction where no public health agency has declared readiness to receive syndromic surveillance data from eligible hospitals or CAHs at the start of the EHR reporting period.

Exclusion from this requirement does not prevent an eligible hospital or CAH from achieving meaningful use.

**\*Does this exclusion apply to you?**

Yes  No

**Complete the following information:**

**\*Have you had active engagement with a public health agency to submit electronic syndromic surveillance data from certified EHR technology to the public health agency for the EHR reporting period?**

Yes  No

For additional information: [EHR Incentive Program Educational Resources](#)

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.

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

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### Meaningful Use Objectives

**Questionnaire: (9C of 9)**

(\*) Red asterisk indicates a required field.

**Objective:** The eligible hospital or CAH is in active engagement with a public health agency to submit electronic public health data from certified EHR technology, except where prohibited, and in accordance with applicable law and practice (495.22 (e)(10)(ii)).

**Measure:** Specialized Registry Reporting: The eligible hospital or CAH is in active engagement to submit data to a specialized registry.

**ALTERNATE EXCLUSION:** Providers may claim an alternate exclusion for measure 3 (specialized registry reporting) of the Public Health Reporting objective for an EHR reporting period in 2015, as there was no equivalent Stage 1 or Stage 2 measure.

**\*Do you want to claim this exclusion?**

Yes  No

**EXCLUSION:** Any eligible hospital or CAH meeting one or more of the following criteria may be excluded from the specialized registry reporting measure if the eligible hospital or CAH:

- Does not diagnose or directly treat any disease or condition associated with or collect relevant data that is collected by a specialized registry for which the eligible hospital or CAH is eligible in their jurisdiction
- Operates in a jurisdiction for which no specialized registry is capable of accepting electronic registry transactions in the specific standards required to meet the certified EHR technology definition at the start of the EHR reporting period; or
- Operates in a jurisdiction where no specialized registry for which the eligible hospital or CAH is eligible has declared readiness to receive electronic registry transactions at the beginning of the EHR reporting period.

Exclusion from this requirement does not prevent an eligible hospital or CAH from achieving meaningful use.

**\*Does this exclusion apply to you?**

Yes  No

**Complete the following information:**

\*Indicate the number of unique specialized registries, excluding cancer registries, with which you had active engagement to submit data from certified EHR technology for the EHR reporting period.

**\*Number of Specialized Registries:**

For additional information: [EHR Incentive Program Educational Resources](#)

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.

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## 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)

Medicare & Medicaid EHR Incentive Program  
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### Meaningful Use Objectives

**Questionnaire: (9D of 9)**

(\*) Red asterisk indicates a required field.

**Objective:** The eligible hospital or CAH is in active engagement with a public health agency to submit electronic public health data from certified EHR technology, except where prohibited, and in accordance with applicable law and practice (495.22 (e)(10)(ii)).

**Measure:** Electronic Reportable Laboratory Result Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit electronic reportable laboratory (ELR) results.

**EXCLUSION:** Any eligible hospital or CAH meeting one or more of the following criteria may be excluded from the electronic reportable laboratory result reporting measure if the eligible hospital or CAH:

- i. Does not perform or order laboratory tests that are reportable in their jurisdiction during the EHR reporting period;
- ii. Operates in a jurisdiction for which no public health agency that is capable of accepting the specific ELR standards required to meet the certified EHR technology definition at the start of the EHR reporting period; or
- iii. Operates in a jurisdiction where no public health agency has declared readiness to receive electronic reportable laboratory results from eligible hospitals or CAHs at the start of the EHR reporting period.

Exclusion from this requirement does not prevent an eligible hospital or CAH from achieving meaningful use.

**\*Does this exclusion apply to you?**

Yes  No

**Complete the following information:**

**\*Have you had active engagement with a public health agency to submit electronic reportable laboratory results from certified EHR technology to the public health agency for the EHR reporting period?**

Yes  No

For additional information: [EHR Incentive Program Educational Resources](#)

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.

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## 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**.

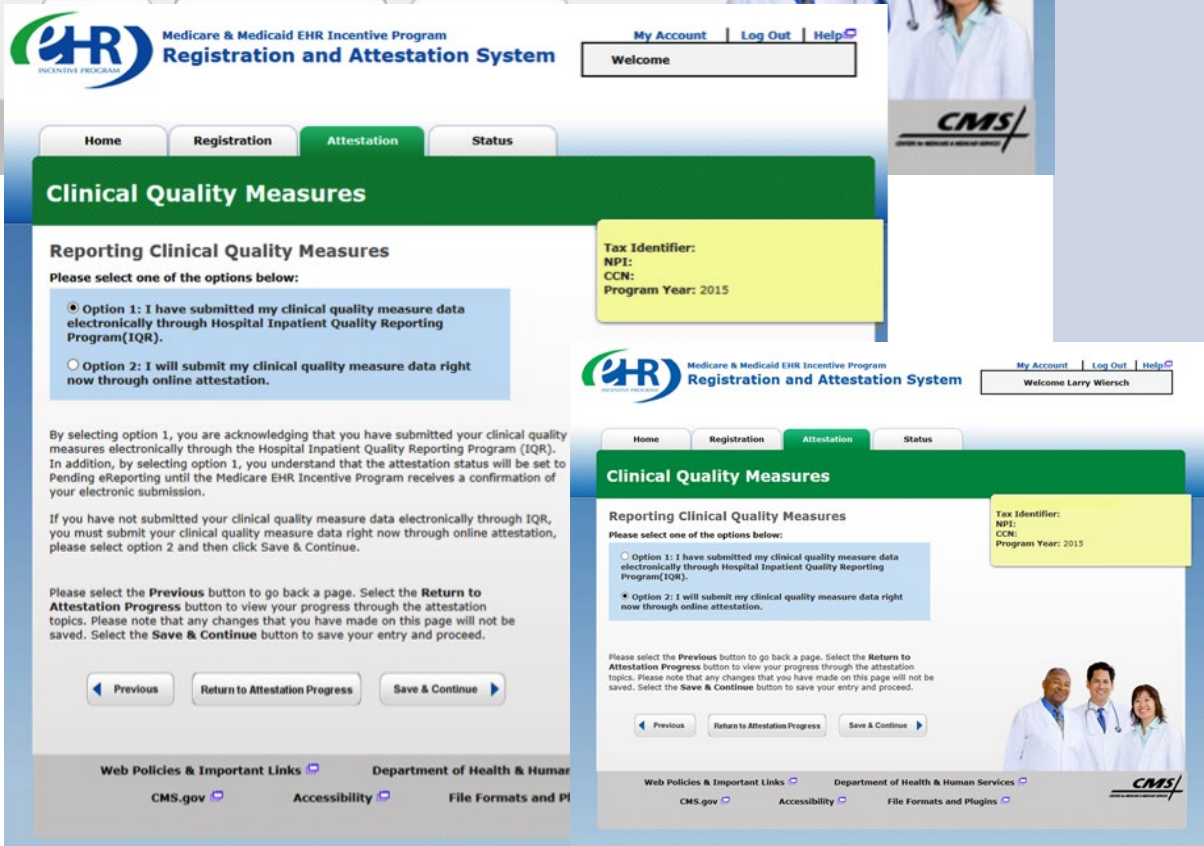
Note: If you did not select this public health measure option at the beginning of attestation, you will not see this screen. You will only see the screen for the public health options you chose.

# 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)

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### Clinical Quality Measures

**Instructions:**

Select a minimum of 16 out of 29 Clinical Quality Measures from the list below. Your selection must include at least 3 of the 6 HHS National Quality Strategy domains. You will be prompted to enter numerator(s), denominator(s), performance rates(s), and exclusion(s) or exception(s), if applicable, for all selected Clinical Quality Measures after you select the Save & Continue button below.

**Note:** Less than 16 CQMs can be reported if more than 13 exemptions have been made. Please select all remaining CQMs if you have selected 13 or more exemptions.

**YOUR HOSPITAL NAME**

Tax Identifier: XX-XXXXXXX (EIN)

NPI:

CCN:

Program Year: 2015

Patient and Family Engagement			
ID Number	Versions	Title	Selection
CMS55/ NQF0495	CMS55v1/ CMS55v2	Emergency Department (ED)-1 Emergency Department Throughput - Median time from ED Arrival to ED Departure for Admitted ED Patients	<input type="checkbox"/>
CMS111/ NQF0497	CMS111v1/ CMS111v2	ED-2 Emergency Department Throughput - Median Admit Decision Time to ED Departure Time for Admitted Patients	<input type="checkbox"/>

Patient Safety			
ID Number	Versions	Title	Selection
CMS107/ NQF0440	CMS107v1/ CMS107v2	Venous Thromboembolism Patients Receiving Unfractionated Heparin with Dosages/Platelet Count Monitoring by Protocol or Nomogram	<input type="checkbox"/>
CMS110/ NQF0375	CMS110v1/ CMS110v2	Aspirin Prescribed at Discharge	<input type="checkbox"/>
CMS26/ NQF0338	CMS26v1	Elective Delivery	<input type="checkbox"/>
CMS109/ NQF0374	CMS109v1/ CMS109v2	Fibrinolytic Therapy Received Within 30 minutes of Hospital Arrival	<input type="checkbox"/>
CMS100/ NQF0142	CMS100v1/ CMS100v2	Primary PCI Received Within 90 Minutes of Hospital Arrival	<input type="checkbox"/>
CMS113/ NQF0469	CMS113v1/ CMS113v2	Statin Prescribed at Discharge	<input type="checkbox"/>
CMS60/ NQF0164	CMS60v1/ CMS60v2	Exclusive Breast Milk Feeding	<input type="checkbox"/>
CMS53/ NQF0163	CMS53v1/ CMS53v2	Hearing Screening Prior To Hospital Discharge (EHDI - 1a)	<input type="checkbox"/>
CMS30/ NQF0639	CMS30v2/ CMS30v3		<input type="checkbox"/>
CMS9/ NQF0480	CMS9v1/ CMS9v2		<input type="checkbox"/>
CMS31/ NQF1354	CMS31v1/ CMS31v2		<input type="checkbox"/>

For additional information [Clinical Quality Measure 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.

Care Coordination	
ID Number	Versions
CMS185/ NQF0716	CMS185v1/ CMS185v2

◀ Previous

Return to Attestation Progress

Save & Continue ▶

### 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**



### TIP

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)

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

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### Clinical Quality Measures

Questionnaire: (1 of 16)  
(\* Red asterisk indicates a required field.)

**Tax Identifier:**  
NPI:  
CCN:  
Program Year: 2015

**Measure:** CMS55/NQF0495  
**Versions:** CMS55v1/CMS55v2/CMS55v3  
**Title:** Median time from ED Arrival to ED Departure for Admitted ED 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.  
**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:**   
**Measure Population:** Any ED patient from the facility's emergency department.  
**Measure Observations:** Median time (in minutes) from ED arrival to ED departure for patients admitted to the facility from the emergency department.  
Complete the following information:  
**Stratum 1 - All patients seen in the ED and admitted to the facility as an inpatient.**  
**\*Measure Population:**  **\*Measure Observations:**   
**Stratum 2 - All patients seen in the ED and admitted as an inpatient who do not have a diagnosis consistent with psychiatric/mental health disorders.**  
**\*Measure Population:**  **\*Measure Observations:**   
**Stratum 3 - All patients seen in the ED and admitted as an inpatient who have a diagnosis consistent with psychiatric/mental health disorders.**  
**\*Measure Population:**  **\*Measure Observations:**   
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.

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## 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)

Medicare & Medicaid EHR Incentive Program  
Registration and Attestation System

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### Clinical Quality Measures

Questionnaire: (2 of 16)  
(\*) Red asterisk indicates a required field.

**Tax Identifier:**  
NPI:  
CCN:  
Program Year: 2015

**Measure:** CMS111/NQF0497  
**Versions:** CMS111v1/CMS111v2/CMS111v3  
**Title:** Median Admit Decision Time to ED Departure Time for Admitted Patients  
**Description:** Median time (in minutes) from admit decision time to time of departure from the emergency department for emergency department patients admitted to inpatient status.  
**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:**   
**Measure Population:** Any ED patient from the facility's emergency department.  
**Measure Observations:** Median time (in minutes) from Decision to Admit to ED departure for patients admitted to the facility from the emergency department.  
Complete the following information:  
**Stratum 1 - All patients seen in the ED and admitted as an inpatient.**  
**\*Measure Population:**  **\*Measure Observations:**   
**Stratum 2 - All patients seen in the ED and admitted as an inpatient who do not have a diagnosis consistent with psychiatric/mental health disorders.**  
**\*Measure Population:**  **\*Measure Observations:**   
**Stratum 3 - All patients seen in the ED and admitted as an inpatient who have a diagnosis consistent with psychiatric/mental health disorders.**  
**\*Measure Population:**  **\*Measure Observations:**   
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.**  
    
Web Policies & Important Links | Department of Health & Human Services  
CMS.gov | Accessibility | File Formats and Plugins

## 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)

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

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**Clinical Quality Measures**

Questionnaire: (3 of 16)  
(\* Red asterisk indicates a required field.)

Tax Identifier:  
NPI:  
CEN:  
Program Year: 2015

Measure: CHS107  
Version: CHS107L/CHS107Z/CHS1073  
Title: Stroke Education

**Description:** Ischemic or hemorrhagic stroke patients or their caregivers who were given educational materials during the hospital stay addressing all of the following: activities of emergency medical system, need for follow-up after discharge, medications prescribed at discharge, risk factors for stroke, and warning signs and symptoms of stroke.

**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 measure population would be exempted from reporting on the CQM. For eligible hospitals and CAHs participating in the Medicare 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:** Ischemic stroke or hemorrhagic stroke patients discharged to home, home care, or court/law enforcement.

**Numerator:** Ischemic or hemorrhagic stroke patients with documentation that they or their caregivers were given educational material addressing all of the following:  
 1. Activation of emergency medical system  
 2. Follow-up after discharge  
 3. Medications prescribed at discharge  
 4. Risk factors for stroke  
 5. Warning signs and symptoms of stroke.

Complete the following information:

*Denominator:	*Numerator:	*Performance Rate:	*Exclusion:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			%

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 **Returns 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 | Returns to Attestation Progress | **Save & Continue**

## 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)

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

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---

**Clinical Quality Measures**

Questionnaire: (4 of 16)  
(\* Red asterisk indicates a required field.)

Tax Identifier:  
NPI:  
CEN:  
Program Year: 2015

Measure: CHS190/NQF5372  
Version: CHS190L/CHS190Z/CHS1903  
Title: Intensive Care Unit Versus Thrombolysis Prophylaxis

**Description:** This measure assesses the number of patients who received VTE prophylaxis or have documentation why no VTE prophylaxis was given the day of or the day after the initial admission (or transfer) to the ICU or surgery and data for surgeries that start the day of or the day after ICU admission (or transfer).

**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 measure population would be exempted from reporting on the CQM. For eligible hospitals and CAHs participating in the Medicare 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 directly admitted or transferred to ICU during the hospitalization.

**Numerator:** Patients who received VTE prophylaxis or have documentation why no VTE prophylaxis was given:  
 - the day of or the day after ICU admission (or transfer),  
 - the day of or the day after surgery and data for surgeries that start the day of or the day after ICU admission (or transfer).

Complete the following information:

*Denominator:	*Numerator:	*Performance Rate:	*Exclusion:	*Exception:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			%	

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 **Returns 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 | Returns 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

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)

**Questionnaire: (5 of 16)**  
(\*) Red asterisk indicates a required field.

**Measure:** CHS102V1/CHS102-2/CHS102-3  
**Version:** CHS102V1/CHS102-2/CHS102-3  
**Title:** Assessed for Rehabilitation  
**Description:** Ischemic or hemorrhagic stroke patients who were assessed for rehabilitation services.  
**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 exemption will be exempted from reporting on the CQM. For eligible hospitals and CAHs participating in the Medicare 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 CAH has more than 30 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 CAH 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: [Field]  
**Denominator:** Equals Initial Patient Population.  
**Numerator:** Patients assessed for or who received rehabilitation services.  
Complete the following information:  
\*Denominator: [Field] \*Numerator: [Field] \*Performance Rate: [Field] % \*Exclusion: [Field]  
For CQM field descriptions: [Link](#)  
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**

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

**Questionnaire: (6 of 16)**  
(\*) Red asterisk indicates a required field.

**Measure:** CHS18V1/CHS18-3/CHS18-4  
**Version:** CHS18V1/CHS18-3/CHS18-4  
**Title:** Initial Antibiotic Selection for Community-Acquired Pneumonia (CAP) in Immunocompetent Patients  
**Description:** (P1) Immunocompetent patients with Community-Acquired Pneumonia who receive an initial antibiotic regimen during the first 24 hours that is consistent with current guidelines.  
(P2) Immunocompetent ED patients with Community-Acquired Pneumonia who receive an initial antibiotic regimen during the first 24 hours that is consistent with current guidelines.  
(P3) Immunocompetent non-Stroke Care Unit (SCU) patients with Community-Acquired Pneumonia who receive an initial antibiotic regimen during the first 24 hours that is consistent with current guidelines.  
**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 exemption will be exempted from reporting on the CQM. For eligible hospitals and CAHs participating in the Medicare 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 CAH has more than 30 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 CAH 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: [Field]  
**Denominator:** Pneumonia patients 18 years of age and older with an ICD-10-CM hospital diagnosis of pneumonia, ICD-10-CM hospital procedure Principal Diagnostic Code of pneumonia in respiratory culture, bacteriology, or histology, or a secondary diagnosis of pneumonia and abnormal findings on chest x-ray or CT scan of the chest within 24 hours prior to hospital arrival or during the hospitalization.  
**Numerator:** Pneumonia patients who received an initial antibiotic regimen consistent with current guidelines during the first 24 hours of their hospitalization.  
Numerator 1 (In population 1) define appropriate antibiotic for EDU patients.  
Numerator 2 (In population 2) define appropriate antibiotic for non-EDU patients.  
Complete the following information:  
\*Denominator 1: [Field] \*Numerator 1: [Field] \*Exclusion 1: [Field]  
\*Denominator 2: [Field] \*Numerator 2: [Field] \*Performance Rate 2: [Field] % \*Exclusion 2: [Field]  
For CQM field descriptions: [Link](#)  
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 for more information – [https://www.cms.gov/EHRIncentivePrograms/30\\_Meaningful\\_Use.asp](https://www.cms.gov/EHRIncentivePrograms/30_Meaningful_Use.asp)

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

## STEPS

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

Click **Save & Continue**

## 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**  
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### 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 exempting 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:  

<b>*Denominator:</b>	<b>*Numerator:</b>	<b>*Performance Rate:</b>	<b>*Exclusion:</b>	<b>*Exception:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/> %	<input type="text"/>	<input type="text"/>

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)

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

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### Clinical Quality Measures

**Questionnaire: (10 of 16)**

(\*) Red asterisk indicates a required field.

**Measure:** CMS91/NQF0437  
**Versions:** CMS91v2/CMS91v3/CMS91v4  
**Title:** Thrombolytic Therapy  
**Description:** Acute ischemic stroke patients who arrive at this hospital within 2 hours of time last known well and for whom IV t-PA was initiated at this hospital within 3 hours of time last known well.  
**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:** Ischemic stroke patients admitted through the Emergency Department whose time of arrival is within 2 hours (less than or equal to 120 minutes) of 1) time they were known to be at their baseline state of health; or 2) time of symptom onset if time last known at baseline state is not known.

**Numerator:** Acute ischemic stroke patients for whom IV thrombolytic therapy was initiated at this hospital within 3 hours (less than or equal to 180 minutes) of when it was witnessed or reported that the patient was last known to be without the signs and symptoms of the current stroke or at his or her baseline state of health.

Complete the following information:

\*Denominator:  \*Numerator:  \*Performance Rate:  % \*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.**

## 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)

**Medicare & Medicaid EHR Incentive Program**  
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### Clinical Quality Measures

**Questionnaire: (11 of 16)**  
(\* Red asterisk indicates a required field.)

**Tax Identifier:**  
NPI:  
CCN:  
Program Year: 2015

**Measure:** CMS105/NQF0439  
**Versions:** CMS105v1/CMS105v2/CMS105v3  
**Title:** Discharged on Statin Medication  
**Description:** Ischemic stroke patients with LDL greater than or equal to 100 mg/dL, or LDL not measured, or, who were on a lipid-lowering medication prior to hospital arrival are prescribed statin medication 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 an LDL greater than or equal to 100 mg/dL, OR LDL not measured, OR who were on a lipid-lowering medication prior to hospital arrival.  
**Numerator:** Ischemic stroke patients prescribed statin medication 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

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)

**Medicare & Medicaid EHR Incentive Program**  
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### Clinical Quality Measures

**Questionnaire: (12 of 16)**

(\* Red asterisk indicates a required field.)

**Tax Identifier:**  
NPI:  
CCN:  
Program Year: 2015

**Measure:** CMS73/INQ0373  
**Versions:** CMS73v1/CMS73v2/CMS73v3  
**Title:** Venous Thromboembolism Patients with Anticoagulation Overlap Therapy

**Description:** This measure assesses the number of patients diagnosed with confirmed VTE who received an overlap of parenteral (intravenous [IV] or subcutaneous [subcu]) anticoagulation and warfarin therapy. For patients who received less than five days of overlap therapy, they should be discharged on both medications or have a reason for discontinuation of overlap therapy. Overlap therapy should be administered for at least five days with an international normalized ratio (INR) greater than or equal to 2 prior to discontinuation of the parenteral anticoagulation therapy, discharged on both medications or have a reason for discontinuation of overlap therapy.

**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 confirmed VTE who received warfarin.

**Numerator:** Patients who received overlap therapy (warfarin and parenteral anticoagulation):

- Five or more days, with an INR greater than or equal to 2 prior to discontinuation of parenteral therapy, or
- Five or more days, with an INR less than 2 and discharged on overlap therapy, or
- Less than five days and discharged on overlap therapy, or
- With documentation of reason for discontinuation of overlap therapy, or
- With documentation of a reason for no overlap therapy.

Complete the following information:

*Denominator:	*Numerator:	*Performance Rate:	*Exclusion:
<input type="text"/>	<input type="text"/>	<input type="text"/> %	<input type="text"/>

## 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**  
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### Clinical Quality Measures

**Questionnaire: (15 of 16)**

(\* Red asterisk indicates a required field.)

**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:
<input type="text"/>	<input type="text"/>	<input type="text"/> %	<input type="text"/>	<input type="text"/>

**Tax Identifier:**  
NPI:  
CCN:  
Program Year: 2015

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

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

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### Clinical Quality Measures

**Questionnaire: (16 of 16)**

(\* Red asterisk indicates a required field.)

**Measure:** CMS31/NQF1354  
**Versions:** CMS31v1/CMS31v2/CMS31v3  
**Title:** Hearing Screening Prior To Hospital Discharge (EHDI - 1a)  
**Description:** This measure assesses the proportion of births that have been screened for hearing loss before 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:** All live births discharged during the measurement time period born at a facility  
**Numerator:** All live births during the measurement time period born at a facility and screened for hearing loss prior to discharge, or screened but still not discharged; or not screened due to medical reasons or medical exclusions.

Complete the following information:

*Denominator:	*Numerator:	*Performance Rate:	*Exclusion:
<input type="text"/>	<input type="text"/>	<input type="text"/> %	<input type="text"/>

Tax Identifier:  
NPI:  
CCN:  
Program Year: 2015

## 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.

The screenshot shows the Medicare & Medicaid EHR Incentive Program Registration and Attestation System interface. At the top, there is a navigation bar with 'Home', 'Registration', 'Attestation', and 'Status' tabs. The 'Attestation' tab is active. Below the navigation bar, the 'Attestation Progress' section is displayed. It includes a 'Reason for Attestation' section with the text 'You are modifying your attestation information.' and a 'Topics' section. The 'Topics' section lists three topics: 1. Attestation Information (Completed), 2. Meaningful Use Objectives (Completed), and 3. Clinical Quality Measures (Electronic Reporting Program). A 'Continue with Attestation' button is circled in red. A yellow box displays user information: Tax Identifier, NPI, CCN, and Program Year: 2015. The footer contains links for 'Web Policies & Important Links', 'Department of Health & Human Services', 'CMS.gov', 'Accessibility', and 'File Formats and Plugins'.

## STEPS

Select **Continue with Attestation**

You will navigate to the Attestation Summary.

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

## Step 4I – Attestation Summary

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

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

My Account | Log Out | Help

Welcome

Home | Registration | **Attestation** | Status

### Attestation Summary

3 Meaningful Use Objectives

Tax Identifier:  
NPI:  
CCN:  
Program Year: 2015

Objective	Measure	Entered	Select
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.	Yes	<a href="#">Edit</a>
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.	Yes	<a href="#">Edit</a>
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.	Yes	<a href="#">Edit</a>
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, local, and professional guidelines.	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.	Numerator : 120 Denominator : 125	<a href="#">Edit</a>
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, local, and professional guidelines.	More than 30 percent of laboratory 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.	Numerator : 120 Denominator : 125	<a href="#">Edit</a>
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, local, and professional guidelines.	More than 30 percent of radiology 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.	Numerator : 120 Denominator : 125	<a href="#">Edit</a>
Generate and transmit permissible discharge prescriptions electronically (eRx).	More than 10 percent of hospital discharge medication orders for permissible prescriptions	Numerator : 160 Denominator : 280	

**Meaningful Use Objectives**

Questionnaire: (3A of 9)  
(\* Red asterisk indicates a required field.)

Objective: 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, local, and professional guidelines.

Measure: 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.

\*PATIENT RECORDS: Please select whether the data used to support the measure 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 only extracted from patient records maintained using certified EHR technology.

Complete the following information:

Numerator The number of orders in the denominator recorded using computerized provider order entry.

Denominator The number of medication orders created by the authorized providers in the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

\*Numerator:  \*Denominator:

## 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

Medicare & Medicaid EHR Incentive Program  
Registration and Attestation System

My Account | Log Out | Help  
Welcome

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 accurately reflects the output of the certified EHR technology.
- The information for CQMs will be submitted electronically within 2 months after the end of 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

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

Tax Identifier:  
NPI:  
CCN:  
Program Year: 2015

## 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

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:

## 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

**Status Selection**

**Status Summary**

You have successfully navigated to the Status Summary page.

The following table outlines a list of all registrations in an approved status. Please click the Select button to navigate to the Status Information page, to review all current and historical information related to your registration.

**Filter Selection**

To filter the records being displayed, please use the following:

Select a category to filter by:

Enter 6-10 Character CCN:

Displaying records 1 - 1 of 1 found

Name	Tax Identifier	National Provider Identifier (NPI)	CMS Certification Number (CCN)	Incentive Type	Current Status	Action
YOUR HOSPITAL HERE	XX-XXXXXX (EIN)			Medicare	Your Medicare attestation is in progress and needs to be completed by 11/30/2014.	<input type="button" value="Select"/>

**Medicare Attestation Batch Status**

Please select the **View Attestation Batch Status** button to review the status on all your Attestation batch files.

## 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)

**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.

**Filter Selection**

To filter the records being displayed, please use the following:  
**Select a Category to Filter by:**

Displaying records 1 - 5 of 17 found 1 2 3 4 Records Per Page:

Name	Tax Identifier	CMS Certification Number (CCN)	Medicare Attestation Status	Program Year	Payment Year	Action
YOUR HOSPITAL NAME	XX-XXXXXXX (EIN)			2012		<input type="button" value="View"/>
YOUR HOSPITAL NAME	XX-XXXXXXX (EIN)			2013		<input type="button" value="Attest"/>
YOUR HOSPITAL NAME	XX-XXXXXXX (EIN)			2014		<input type="button" value="Modify"/> <input type="button" value="Cancel"/>
YOUR HOSPITAL NAME	XX-XXXXXXX (EIN)			2015		<input type="button" value="Attest"/>
YOUR HOSPITAL NAME	XX-XXXXXXX (EIN)			2016		<input type="button" value="Attest"/>

**Medicare Attestation Batch**

Please select the **Attestation Batch Upload** button to upload Attestations(s) using a batch file.

## 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

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 also be subject to civil penalties.

**Signature of Eligible Professional**  
I certify that the following information is true, accurate, and complete. I understand that the Medicare EHR Incentive Program payment I requested will be paid from Federal funds, that by filing this attestation I am submitting a claim for Federal funds, and that the use of any false claims, statements, or documents, or the concealment of a material fact used to obtain a Medicare EHR Incentive Program payment, may be prosecuted under applicable Federal or State criminal laws and may also be subject to civil penalties.

USER WORKING ON BEHALF OF A PROVIDER: I certify that I am attesting on behalf of a provider who has given me authority to act as his/her agent. I understand that both the provider and I can be held personally responsible for all information entered. I understand that a user attesting on behalf of a provider must have an Identity and Access Management system web user account associated with the provider for whom he/she is attesting.

I hereby agree to keep such records as are necessary to demonstrate that I met all Medicare EHR Incentive Program requirements and to furnish those records to the Medicaid State Agency, Department of Health and Human Services, or contractor acting on their behalf.

No Medicare EHR Incentive Program payment may be paid unless this attestation form is completed and accepted as required by existing law and regulations (42 CFR 495.10).

NOTICE: Anyone who misrepresents or falsifies essential information to receive payment from Federal funds requested by this form may upon conviction be subject to fine and imprisonment under applicable Federal laws.

ROUTINE USE(S): Information from this Medicare EHR Incentive Program registration form and subsequently submitted information and documents may be given to the Internal Revenue Service, private collection agencies, and consumer reporting agencies in connection with recoupment of any overpayment made and to Congressional Offices in response to inquiries made at the request of the person to whom a record pertains. Appropriate disclosures may be made to other federal, state, local, foreign government agencies, private business entities, and individual providers of care, on matters relating to entitlement, fraud, program abuse, program integrity, and civil and criminal litigation related to the operation of the Medicare EHR Incentive Program.

DISCLOSURES: This program is an incentives program. Therefore, while submission of information for this program is voluntary, failure to provide necessary information will result in delay in an incentive payment or may result in denial of a Medicare EHR Incentive Program payment. Failure to furnish subsequently requested information or documents to support this attestation will result in the issuance of an overpayment demand letter followed by recoupment procedures.

It is mandatory that you tell us if you believe you have been overpaid under the Medicare EHR Incentive Program. The Patient Protection and Affordable Care Act, Section 6402, Section 1128J, provides penalties for withholding this information.

## 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 45 – Attestation Batch Upload

Medicare & Medicaid EHR Incentive Program  
Registration and Attestation System

My Account | Log Out | Help

Welcome

Home | **Attestation** | Status

### Attestation Batch Upload

Attestation for the Medicare EHR Incentive Program can be submitted using batch instead of entering data in the Attestation System. To submit attestations using batch file, upload the file containing the attestation information for one or more providers using this page. Each batch file can contain a maximum of 10,000 provider attestations. The batch file can be either a CSV (comma separated) file or a XML file.

A 2014 Certified EHR Technology is required to submit attestations using batch file. If you are using an older edition of CEHRT, please enter your attestation using the RNA system.

Please note that you can only upload a maximum of 25 batch files per day. Once you meet the maximum, you will not be allowed to upload files until the next day.

For the file templates and instructions on creating the file, please visit the [Attestation Batch Specifications Page](#).

(\*) Red asterisk indicates a required field.

**Payment Penalty Information:**

Providers participating in Meaningful Use (MU) for the first year must complete their MU functional measure AND clinical quality measure (CQM) submissions no later than July 1 of the reporting period year for eligible hospitals or October 1 for eligible professionals in order to avoid the payment adjustment next year. If you plan to electronically submit your CQMs, please ensure that you have received confirmation that you've met the CQM reporting requirements.

I understand that in order to avoid payment adjustment, the complete attestation must be submitted before July 1 for eligible hospitals or October 1 for eligible professionals.

**\* Batch File:**

Please select the Browse button to choose the file to be uploaded:

**Browse...** **Note:** The file extension should match the batch file format: '.csv' for a CSV file and '.xml' for a XML files.

**\* Email Address:**  **Note:** The emails related to the batch file status updates will be sent to this email address.

**\* Confirm Email Address:**

**\* Attestation Statements**

You are about to submit your attestation batch file.

Please check the box next to the statement below to attest, and then select the Upload button to complete your attestation:

The information submitted for Meaningful Use measures accurately reflects the use of the Certified EHR Technology and if CQMs are included they were generated as output from an identified Certified EHR Technology

The batch file being uploaded does not include Medicare Attestations for providers who have registered for Medicaid; OR Medicare Attestations are submitted for Medicaid Providers due to their ineligibility to meet MU with Medicaid and to enable them to avoid Medicare Payment Adjustments. Attestations done under the Medicare program are subject to Medicare audit, and adverse audit findings may lead to rejection of the Medicare attestation.

Please select the **Upload** button to save your entry and proceed with attestation batch file upload. Select the **Cancel** button to go back to the Attestation Selection page and your attestation batch file will not be uploaded.

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

## 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)

**Accepted Attestation**

The hospital or CAH demonstrates meaningful use of certified EHR technology by meeting the applicable objectives and associated measures.

- The meaningful use objective measures are accepted and meet MU minimum standards.
- All clinical quality measures were completed with data sufficient to meet the minimum standards.

**Note:** Please print this page for your records. You will receive an email confirmation of your attestation.

**Attestation Tracking Information**

**Attestation Confirmation Number:**

**LBN:**

**TIN:**

**CCN:**

**EHR Certification Number:**

**EHR Reporting Period:** 10/01/2015 - 12/31/2015

**Attestation Submission Date:** 01/13/2016

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

Please select the **Print Receipt** button to print this page. Select the **Review Results** button to view all measures. Select the **Status** tab above for additional information about your EHR Incentive program participation.

**Buttons:** Print Receipt, Review Results (circled in red)

Welcome

Home Registration **Attestation** Status

### Submission Receipt

**Tax Identifier:**  
**NPI:**  
**CCN:**  
**Program Year:** 2015

## 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

**Medicare Attestation Instructions**

Welcome to the Medicare Attestation Page. Medicare providers must attest using this system or attest via batch upload. 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.

**Note:** Medicaid Participants who have demonstrated meaningful use under the Medicaid EHR Incentive Program in a prior year and cannot demonstrate meaningful use for the current year, may submit an attestation for the current year through the Medicare EHR Incentive Program by selecting an action below.

The payment year includes the years for which the Eligible Professional is claimed by a Medicare Advantage Organization (MAO) for the MA Incentive program.

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 or a Medicaid 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.

**Filter Selection**

To filter the records being displayed, please use the following:

Select a Category to Filter by: Program Year

Select Program Year: 2015

Clear Filter

Displaying records 1 - 1 of 1 found

Records Per Page: 5

Name	Tax Identifier	CMS Certification Number (CCN)	Program Type	Medicare Attestation Status	Program Year	Payment Year	Action
John Smith	XXX-XX-XXXX	00-0000000 (EM)	MEDICARE	Accepted	2015	1	Modify (circled in red) View

## Step 47 – Submission Receipt (rejected attestation)

The screenshot shows the Medicare & Medicaid EHR Incentive Program Registration and Attestation System interface. The user is logged in, and the 'Attestation' tab is selected. The main content area displays a 'Submission Receipt' for a rejected attestation. The receipt includes the following information:

- Rejected Attestation:** The hospital or CAH did not demonstrate meaningful use of certified EHR technology because one or more objectives were not met as indicated by non-compliant measures.
  - One or more of the meaningful use objective measures calculations did not meet meaningful use minimum standards.
- Note:** Please print this page for your records. You will receive an email confirmation of your attestation.
- Attestation Tracking Information:**
  - Attestation Confirmation Number:
  - LBN:
  - TIN:
  - CCN:
  - EHR Certification Number:
  - EHR Reporting Period: 10/01/2014 - 12/31/2015
  - Attestation Submission Date: 12/17/2015
  - Reason for Attestation: You are modifying your attestation information.

At the bottom of the receipt, there are buttons for 'Print Receipt' and 'Review Results'. A CMS logo is visible in the footer.

### 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)

### STEPS

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

Review each measure for the Accepted/Rejected Status.

The screenshot shows the Medicare & Medicaid EHR Incentive Program Registration and Attestation System interface. At the top, there are navigation links for 'My Account', 'Log Out', and 'Help'. A 'Welcome' message is displayed. Below this, there are tabs for 'Home', 'Registration', 'Attestation', and 'Status'. The 'Attestation' tab is selected, leading to the 'Summary of Meaningful Use Objectives' page.

The page displays 'Meaningful Use Objectives Results' for an attestation submitted on 12/17/2015 with confirmation number 1000045434. A yellow box highlights the user's information: Tax Identifier, NPI, CCN, and Program Year: 2015. A red arrow points to this box.

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

At the bottom of the page, there are navigation buttons: 'Previous' and 'Review Results'. The 'Review Results' button is circled in red. Below the buttons, there are links for 'Web Policies & Important Links', 'Department of Health & Human Services', 'CMS.gov', 'Accessibility', and 'File Formats and Plugins'. The CMS logo is also present.



**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.

Medicare & Medicaid EHR Incentive Program  
Registration and Attestation System

Welcome

Home Registration **Attestation** Status

### Cancel Attestation

#### Attestation Information

(\*) Red asterisk indicates a required field

The attestation listed below is on file with the Medicare & Medicaid EHR Incentive Program Registration & Attestation System. You may only cancel an attestation if you have not received an EHR incentive payment. To cancel this attestation, please provide a reason for cancellation and select the **Continue to Cancel Attestation** button. Select the **Review Results** button if you would like to view all submitted measures before canceling this attestation.

**Note:** Cancel means you are canceling your attestation and would need to Reactivate in order to receive an EHR incentive payment.

**Attestation ID:**  
**Attestation Confirmation Number:**  
**Attestation Status:** In Progress  
**LBN:**  
**TIN:**  
**CCN:**  
**NPI:**  
**EHR Certification Number:**  
**EHR Reporting Period:** 10/01/2015-12/31/2015

**Tax Identifier:**  
**NPI:**  
**CCN:**  
**Program Year:** 2015

You have decided to cancel your attestation

\*Reason for Cancellation:

Please select the **Previous** button to go back to the Attestation Page, the **Review Results** button to view all submitted measures, or the **Continue to Cancel Attestation** button to cancel this attestation.

Previous **Review Results** Continue to Cancel Attestation

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

CMS  
CENTERS FOR MEDICARE & MEDICAID SERVICES

## STEPS

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

Enter a reason for cancellation

Click the **Cancel** button

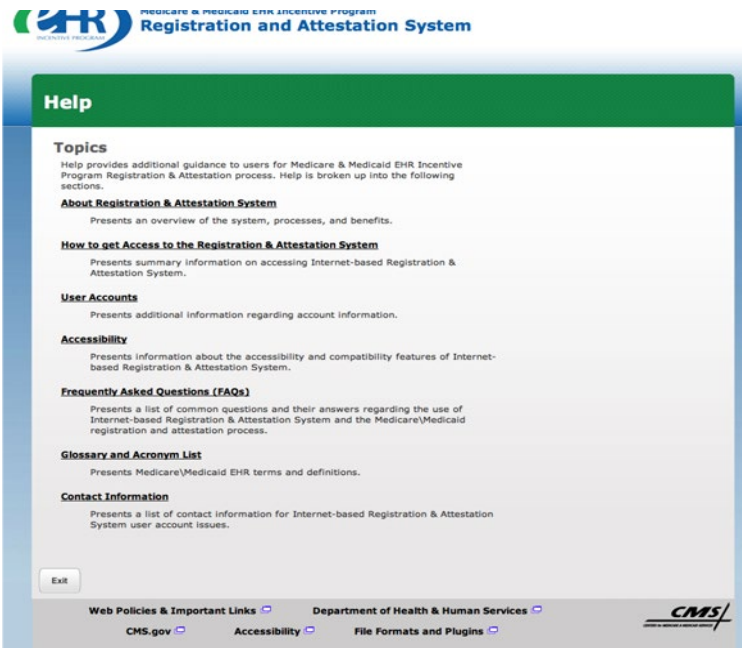


### TIP

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

# ACRONYMS

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





