STAGE 2 ATTESTATION USER GUIDE

For Eligible Hospitals and Critical Access Hospitals

Medicare Electronic Health Record

(EHR) Incentive Program

Updated February 2014

CONTENTS

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

CONTENTS (cont.)

Disclaimer

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

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

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

Step 1 – Getting Started

Medicare Eligible Hospitals, Medicare & Medicaid Eligible Hospitals and Critical Access Hospitals (CAHs) must attest to Stage 2 of 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 Stage 2 EHR Incentive Program ATTESTATION module. This guide will help you navigate the Attestation module. The user guide page layout consists of the attestation screen on the left side of the page and written instructions with helpful tips on the bottom of the page.

STEPS

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

Click **Continue** to start the attestation process

TIP

To determine your eligibility, click on the CMS website.

Step 1 - Getting Started (Cont.)

Carefully read the screen for important information.

Medicare & Medicaid EHR Incentive Program
Registration and Attestation System

Warning

(*) Red asterisk indicates a required field.

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

Please verify the following statements:

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

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

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

◀ Previous   Continue ▶

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

CMS.gov   **Accessibility**   **File Formats and Plugins**

CMS
CENTERS for MEDICARE & MEDICAID SERVICES

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

Medicare & Medicaid EHR Incentive Program
Registration and Attestation System

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   Department of Health & Human Services

CMS.gov   Accessibility   File Formats and Plugins   **CMS**

TIPS

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

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

User name and password are case sensitive

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

STEPS
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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 & Medicaid EHR Incentive Program
Registration and Attestation System

My Account | Log Out | Help
Welcome Your Name

| Home | Registration | Attestation | Status |

Attestation

Medicare Attestation Instructions

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

For information on the meaningful use requirements for attestation, please visit the Meaningful Use Information page

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

Attest — Begin Medicare attestation to meaningful use of EHR technology

Modify — Modify a previously started Medicare attestation that has not yet been submitted

Cancel — Inactivate a Medicare attestation prior to receiving an EHR incentive payment

Resubmit — Resubmit a failed or rejected Medicare attestation

Reactivate — Reactivate a canceled Medicare attestation

View — Review the Medicare attestation summary of measures after submission

Not Available — In order to begin, modify, cancel, resubmit, or reactivate a Medicare Attestation record, the EHR Incentive Program Registration associated to the Medicare Attestation record must have a Medicare Registration Status of "Active". Please verify that the registration is in the correct status.

Medicare Attestation Selection

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

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

Web Policies & Important Links   Department of Health & Human Services

CMS.gov   Accessibility   File Formats and Plugins

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STEPS

Read the Attestation Instructions

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

TIPS *"Modify, Cancel, Resubmit, Reactivate, and View" are the available Action web links for returning users*

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

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

Step 4 – Topics for this Attestation

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

STEPS

Click *Continue with Attestation* to begin the attestation process

TIPS

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

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

Step 5 – Attestation Information

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;
http://questions.cms.hhs.gov/app/ answers/detail/a_id/10126/kw/ emergency%20department

TOPICS PROGRESS

This is the first of four topics required for attestation

| I | 2 | 3 | 4 |

Step 6 – Meaningful Use Core Measures – Questionnaire (1B of 16)

Home	Registration	Attestation	Status

Meaningful Use Core Measures

Questionnaire: (1B of 16)

(*) Red asterisk indicates a required field.

YOUR HOSPITAL NAME
Tax Identifier: XX-XXXXXXX (EIN)
NPI:
CCN:
Program Year: 2014

Objective: Use computerized provider order entry (CPOE) 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 to create the first record of the order.

Measure: (A) 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 CPOE.

*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 medication orders in the denominator 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 CPOE.

Denominator — The number 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.

*Numerator: [   ]   *Denominator: [   ]

For additional information: EHR Incentive Program Educational Resources

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

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

STEPS

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

Click *Save & Continue*

TIPS

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

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

TOPICS PROGRESS

This is the second of four topics required for attestation

Numerator and Denominator must be whole numbers.

1	2	3	4

Step 6 – Meaningful Use Core Measures – Questionnaire (1C of 16)

Home	Registration	Attestation	Status

Meaningful Use Core Measures

Questionnaire: (1C of 16)

(*) Red asterisk indicates a required field.

YOUR HOSPITAL NAME
Tax Identifier: XX-XXXXXXX (EIN)
NPI:
CCN:
Program Year: 2014

Objective: Use computerized provider order entry (CPOE) 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 to create the first record of the order.

Measure: (B) 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 CPOE.

*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 laboratory orders in the denominator 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 CPOE.

Denominator The number 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.

*Numerator: [_____]   ***Denominator:** [_____]

For additional information: EHR Incentive Program Educational Resources

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

[◄ Previous]   [Return to Attestation Progress]   [Save & Continue ►]

STEPS
................•

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

Click *Save & Continue*

TIPS

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

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

TOPICS PROGRESS

This is the second of four topics required for attestation

Numerator and Denominator must be whole numbers.

1	2	3	4

Step 6 – Meaningful Use Core Measures – Questionnaire (1D of 16)

Home	Registration	Attestation	Status

Meaningful Use Core Measures

Questionnaire: (1D of 16)

(*) Red asterisk indicates a required field.

YOUR HOSPITAL NAME
Tax Identifier: XX-XXXXXXX (EIN)
NPI:
CCN:
Program Year: 2014

Objective: Use computerized provider order entry (CPOE) 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 to create the first record of the order.

Measure: (C) 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 CPOE.

*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 radiology orders in the denominator 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 CPOE.

Denominator The number 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.

*Numerator: [＿＿＿] ***Denominator:** [＿＿＿]

For additional information: EHR Incentive Program Educational Resources

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

◀ Previous   Return to Attestation Progress   Save & Continue ▶

STEPS ···················

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

Click *Save & Continue*

TIPS

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

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

TOPICS PROGRESS

This is the second of four topics required for attestation

Numerator and Denominator must be whole numbers.

| 1 | 2 | 3 | 4 |

Step 7 – Meaningful Use Core Measures – Questionnaire (2 of 16)

Questionnaire: (2 of 16)

(*) Red asterisk indicates a required field.

YOUR HOSPITAL NAME

Tax Identifier: XX-XXXXXXX (EIN)
NPI:
CCN:
Program Year: 2014

Objective: Record all of the following demographics:
               (A) Preferred language.
               (B) Sex.
               (C) Race.
               (D) Ethnicity.
               (E) Date of birth.
               (F) Date and preliminary cause of death in the event of mortality in the
               eligible hospital or CAH.

Measure: More than 80 percent of all unique patients admitted to the eligible
               hospital's or CAH's inpatient or emergency department (POS 21 or 23)
               during the EHR reporting period have demographics recorded as
               structured data.

Complete the following information:

Numerator   The number of all unique patients in the denominator
               admitted to the eligible hospital's or CAH's inpatient or
               emergency department (POS 21 or 23) during the EHR
               reporting period have demographics recorded as structured
               data.

Denominator   The number of all unique patients admitted to the eligible
               hospitals 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 or the **Save & Continue** button to save your
entry and proceed. Select the **Return to Attestation Progress** button to return to the
Attestation Progress page. You can return to your place in the process at any time,
however, the data for the current measure will not be saved.

[◄ Previous] [Return to Attestation Progress] [Save & Continue ►]

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

Click *Save & Continue*

TIPS

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

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

TOPICS PROGRESS

This is the second of four topics required for attestation

Numerator and Denominator must be whole numbers.

1	2	3	4

Step 8 –
Meaningful Use Core Measures – Questionnaire (3 of 16)

STEPS

Select the appropriate option under Patient Records

Enter Numerator and Denominator

Click *Save & Continue*

Step 9 –
Meaningful Use Core Measures – Questionnaire (4 of 16)

STEPS

Select Yes or No

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

TOPICS PROGRESS

This is the second of four topics required for attestation

| 1 | 2 | 3 | 4 |

Step 9 –
Meaningful Use Core Measures – Questionnaire (4 of 16) (Cont.)

STEPS

If you answered no to the exclusion, select the appropriate option under Patient Records. Enter the Numerator and Denominator.

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

TOPICS PROGRESS

This is the second of four topics required for attestation

1	2	3	4

Step 10 –

Meaningful Use Core Measures – Questionnaire (5A of 16)

STEPS ....

Select Yes or No in each step

Click *Save & Continue*

Step 10 –

Meaningful Use Core Measures – Questionnaire (5B of 16)

STEPS ....

Select Yes or No in each step.

Click *Save & Continue*

TIP

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

TOPICS PROGRESS

This is the second of four topics required for attestation

| 1 | 2 | 3 | 4 |

Step 11 –

Meaningful Use Core Measures – Questionnaire (6 of 16)

STEPS ....

Select the appropriate option under Patient Records

Enter Numerator and Denominator

Click *Save & Continue*

Step 12 –

Meaningful Use Core Measures – Questionnaire (7 of 16)

STEPS ....

Select Yes or No.

Click *Save & Continue*

TIPS

TOPICS PROGRESS

This is the second of four topics required for attestation

Click on HELP for additional guidance to navigate the system

The Help link is located on each page

| 1 | 2 | 3 | 4 |

Step 13 –

Meaningful Use Core Measures – Questionnaire (8A of 16)

STEPS ·················..

Select the appropriate option under Patient Records

Enter Numerator and Denominator

Click *Save & Continue*

Step 13 –

Meaningful Use Core Measures – Questionnaire (8B of 16)

STEPS ·················..

Select Yes or No.

Click *Save & Continue*

TIPS *Numerator and Denominator must be whole numbers*

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

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

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

TOPICS PROGRESS

This is the second of four topics required for attestation

1	2	3	4

Step 14 –

Meaningful Use Core Measures – Questionnaire (9 of 16)

STEPS
··················..

Enter the Numerator and Denominator.

Click *Save & Continue*

Step 15 –

Meaningful Use Core Measures – Questionnaire (10 of 16)

STEPS
··················..

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

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.

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

TOPICS PROGRESS

This is the second of four topics required for attestation

| 1 | 2 | 3 | 4 |

Step 16 –

Meaningful Use Core Measures – Questionnaire (11A of 16)

STEPS
················..

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

Click *Save & Continue*

Step 16 –

Meaningful Use Core Measures – Questionnaire (11B of 16)

STEPS
················..

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

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.

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

TOPICS PROGRESS

This is the second of four topics required for attestation

| 1 | 2 | 3 | 4 |

Step 16 –

Meaningful Use Core Measures – Questionnaire (11C of 16)

STEPS

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

Click *Save & Continue*

Step 17 –

Meaningful Use Core Measures – Questionnaire (12 of 16)

STEPS

Select Yes or No.

Click *Save & Continue*

TIPS

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

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

TOPICS PROGRESS

This is the second of four topics required for attestation

| 1 | 2 | 3 | 4 |

Step 17 –

Meaningful Use Core Measures – Questionnaire (12 of 16) (cont.)

Home | Registration | Attestation | Status

Meaningful Use Core Measures

Questionnaire: (12 of 16)

(*) Red asterisk indicates a required field.

YOUR HOSPITAL NAME
Tax Identifier: XX-XXXXXXX (EIN)
NPI:
CCN:
Program Year: 2014

Objective: Capability to submit electronic data to immunization registries or immunization information systems except where prohibited, and in accordance with applicable law and practice.

Measure: Successful ongoing submission of electronic immunization data from Certified EHR Technology to an immunization registry or immunization information system for the entire EHR reporting period.

EXCLUSION: Any eligible hospital or CAH that meets one or more of the following criteria during the EHR reporting period is excluded from this objective. Exclusion from this requirement does not prevent an eligible hospital or CAH from achieving meaningful use.
EXCLUSION 1: The eligible hospital or CAH does not administer any of the immunizations to any of the populations for which data is collected by the jurisdiction's immunization registry or immunization information system during the EHR reporting period.
*Does this exclusion apply to you?

   ○ Yes   ⊙ No

EXCLUSION 2: The eligible hospital or CAH operates in a jurisdiction for which no immunization registry or immunization information system is capable of accepting the specific standards required for Certified EHR Technology at the start of their EHR reporting period.
*Does this exclusion apply to you?

   ○ Yes   ⊙ No

EXCLUSION 3: The eligible hospital or CAH operates in a jurisdiction where no immunization registry or immunization information system provides information timely on capability to receive immunization data.
*Does this exclusion apply to you?

   ○ Yes   ⊙ No

EXCLUSION 4: Operates in a jurisdiction for which no immunization registry or immunization information system that is capable of accepting the specific standards required by Certified EHR Technology at the start of their EHR reporting period can enroll additional eligible hospitals or CAHs.
*Does this exclusion apply to you?

   ○ Yes   ⊙ No

Complete the following information:

*Have you had successful ongoing submission of electronic immunization data from Certified EHR Technology to an immunization registry or immunization information system for the entire EHR reporting period?

   ○ Yes   ○ No

STEPS
....

Answer Yes or No to Exclusions 1-4 and the last question.

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.

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

TOPICS PROGRESS

This is the second of four topics required for attestation

| 1 | 2 | 3 | 4 |

Step 18 –

Meaningful Use Core Measures – Questionnaire (13 of 16)

Home	Registration	Attestation	Status

Meaningful Use Core Measures

Questionnaire: (13 of 16)

(*) Red asterisk indicates a required field.

YOUR HOSPITAL NAME
Tax Identifier: XX-XXXXXXX (EIN)
NPI:
CCN:
Program Year: 2014

Objective: Capability to submit electronic reportable laboratory results to public health agencies, where except where prohibited, and in accordance with applicable law and practice.

Measure: Successful ongoing submission of electronic reportable laboratory results from Certified EHR Technology to a public health agency for the entire EHR reporting period as authorized, and in accordance with applicable state law and practice.

EXCLUSION: Any eligible hospital or CAH that meets one or more of the following criteria during the EHR reporting period is excluded from this objective. Exclusion from this requirement does not prevent an eligible hospital or CAH from achieving meaningful use.

EXCLUSION 1: Any eligible hospital or CAH that operates in a jurisdiction for which no public health agency is capable of receiving electronic reportable laboratory results in the specific standards required for Certified EHR Technology at the start of their EHR reporting period.
*Does this exclusion apply to you?
○ Yes ⦿ No

EXCLUSION 2: Any eligible hospital or CAH that operates in a jurisdiction for which no public health agency provides timely information on capability to receive electronic reportable laboratory results.
*Does this exclusion apply to you?
○ Yes ⦿ No

EXCLUSION 3: Operates in a jurisdiction for which no public health agency that is capable of accepting the specific standards required by Certified EHR Technology at the start of their EHR reporting period can enroll additional eligible hospitals or CAHs.
*Does this exclusion apply to you?
○ Yes ⦿ No

Complete the following information:

*Have you had successful ongoing submission of electronic reportable laboratory results from Certified EHR Technology to a public health agency for the entire EHR reporting period as authorized, and in accordance with applicable state law and practice?
○ Yes ○ No

For additional information: EHR Incentive Program Educational Resources

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
....

Answer Yes or No to Exclusions 1-3 and to the last question.

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.

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

TOPICS PROGRESS

This is the second of four topics required for attestation

| 1 | 2 | 3 | 4 |

Step 19 –

Meaningful Use Core Measures – Questionnaire (14 of 16)

TIPS

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

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

TOPICS PROGRESS

This is the second of four topics required for attestation

1	2	3	4

Step 20 –

Meaningful Use Core Measures – Questionnaire (15 of 16)

STEPS ·················..

Select Yes or No.

Click *Save & Continue*

Step 21 –

Meaningful Use Core Measures – Questionnaire (16 of 16)

STEPS ·················..

Answer Yes or No to the exclusions.

Select the appropriate option under Patient Records.

Enter the Numerator and Denominator.

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.

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

TOPICS PROGRESS

This is the second of four topics required for attestation

| 1 | 2 | 3 | 4 |

Step 22 – Meaningful Use Menu Measures – Questionnaire

STEPS
....

Read the instructions and select a total of three (3) measures from the six (6) Meaningful Use Menu Measures listed.

Note: An exclusion will not count toward the total and will be treated as a deferral. If exclusions are claimed for more than three, the criteria for the remaining non-excluded objectives must be met.

Click *Save & Continue*

TIP

The three (3) measures chosen will appear on the next screens once you click the Save & Continue button.

TOPICS PROGRESS

This is the third of four topics required for attestation

1	2	3	4

Step 22 – Meaningful Use Menu Measure 1 of 3

Home	Registration	Attestation	Status

Meaningful Use Menu Measures

Questionnaire: (1 of 3)

(*) Red asterisk indicates a required field.

YOUR HOSPITAL NAME
Tax Identifier: XX-XXXXXXX (EIN)
NPI:
CCN:
Program Year: 2014

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

Measure: More than 10 percent of hospital discharge medication orders for permissible prescriptions (for new, changed or refill prescriptions) are queried for a drug formulary and transmitted electronically using Certified EHR Technology.

EXCLUSION: Any eligible hospital or CAH that does not have an internal pharmacy that can accept electronic prescriptions and there are no pharmacies that accept electronic prescriptions within 10 miles at the start of its EHR reporting period is excluded from this objective. 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 hospital discharge medication orders for permissible prescriptions (for new, changed, or refill prescriptions) are queried for a drug formulary and transmitted electronically using Certified EHR Technology during the EHR reporting period.
Denominator The number of hospital discharge medication orders for permissible prescriptions (for new, changed, or refill prescriptions) during the EHR reporting period.

*Numerator: [   ]   *Denominator: [   ]

For additional information: EHR Incentive Program Educational Resources

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

TOPICS PROGRESS

This is the third of four topics required for attestation

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

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

1	2	3	4

Step 22 – Meaningful Use Menu (cont.) Measure 2 of 3

TIPS

TOPICS PROGRESS

This is the third of four topics required for attestation

You may select the Previous button to go back
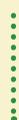
Only the three (3) measures chosen will display

| 1 | 2 | 3 | 4 |

Step 22 – Meaningful Use Menu (cont.) Measure 3 of 3

STEPS
························

The menu measures you selected previously will appear on these screens. Select the appropriate option.

Click *Save & Continue*

TIPS

For additional information click on the "EHR Incentive Program Educational Resources" link

TOPICS PROGRESS

This is the third of four topics required for attestation

1	2	3	4

Step 23 – Reporting Clinical Quality Measures (CQMs)

Home	Registration	Attestation	Status

Clinical Quality Measures

Reporting Clinical Quality Measures

Please select one of the options below to indicate how you would like to submit your clinical quality measure data:

○ **Option 1: I will submit my clinical quality measure data electronically through Hospital Inpatient Quality Reporting Program(IQR). (For more information about this option, please click here** ⬜**)**

⦿ **Option 2: I will submit my clinical quality measure data right now through online attestation**

YOUR HOSPITAL NAME

Tax Identifier: XX-XXXXXXX (EIN)
NPI:
CCN:
Program Year: 2014

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 ▶

TIP

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

TOPICS PROGRESS

This is the third of six topics required for attestation

1	2	3	4	5	6

Step 24 – Clinical Quality Measures (CQMs)

STEPS ....

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

Click *Save & Continue*

TIP

TOPICS PROGRESS

This is the third of six topics required for attestation

| 1 | 2 | 3 | 4 | 5 | 6 |

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

Step 25 – Clinical Quality Measures (CQMs) (1 of 16)

Clinical Quality Measures

Questionnaire: (1 of 16)

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

YOUR HOSPITAL NAME

Tax Identifier: XX-XXXXXXX (EIN)
NPI:
CCN:
Program Year: 2014

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

Measure: **CMS55/NQF0495**

Versions: **CMS55v1/CMS55v2**

Title: Emergency Department (ED)-1 Emergency Department Throughput - 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: In the relevant EHR reporting period, eligible hospitals and CAHs with 5 or fewer discharges (if subject to a 90-day or 3-month FY quarter EHR reporting period), or 20 or fewer discharges (if subject to a full FY EHR reporting period) as defined by the CQMs denominator population would be exempted from reporting on the CQM. For eligible hospitals and CAHs participating in the Medicare EHR Incentive Program, please submit aggregate population data in QualityNet (for EHR-based reporting) for each CQM for which the eligible hospital or CAH is seeking the exemption. 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 or 3-month FY quarter 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 or 3-month FY quarter EHR reporting period) or 20 or fewer discharges (if subject to a full FY EHR reporting period).

*Case Threshold Exemption: [   ]

Denominator: Any ED patient from the facility's emergency department.

Numerator: 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.

*Denominator: ***Numerator:**
[   ]   [   ]

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.

*Denominator: ***Numerator:**
[   ]   [   ]

Stratum 3 - All patients seen in the ED and admitted as an inpatient who have a diagnosis consistent with psychiatric/mental health disorders.

*Denominator: ***Numerator:**
[   ]   [   ]

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 ▶

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

TOPICS PROGRESS

This is the fourth of four topics required for attestation

| 1 | 2 | 3 | 4 |

Step 26 – Clinical Quality Measures (CQMs) (2 of 16)

Home	Registration	Attestation	Status

Clinical Quality Measures

Questionnaire: (2 of 16)

YOUR HOSPITAL NAME
Tax Identifier: XX-XXXXXXX (EIN)
NPI:
CCN:
Program Year: 2014

(*) Red asterisk indicates a required field.

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

Measure: **CMS111/NQF0497**

Versions: **CMS111v1/CMS111v2**

Title: ED-2 Emergency Department Throughput - 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: In the relevant EHR reporting period, eligible hospitals and CAHs with 5 or fewer discharges (if subject to a 90-day or 3-month FY quarter EHR reporting period), or 20 or fewer discharges (if subject to a full FY EHR reporting period) as defined by the CQMs denominator population would be exempted from reporting on the CQM. For eligible hospitals and CAHs participating in the Medicare EHR Incentive Program, please submit aggregate population data in QualityNet (for EHR-based reporting) for each CQM for which the eligible hospital or CAH is seeking the exemption. 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 or 3-month FY quarter 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 or 3-month FY quarter EHR reporting period) or 20 or fewer discharges (if subject to a full FY EHR reporting period).

*Case Threshold Exemption: [_____]

Denominator: Any ED patient from the facility's emergency department.

Numerator: 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.

*Denominator:	*Numerator:
[____]	[____]

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.

*Denominator:	*Numerator:
[____]	[____]

Stratum 3 – All patients seen in the ED and admitted as an inpatient who have a diagnosis consistent with psychiatric/mental health disorders.

*Denominator:	*Numerator:
[____]	[____]

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

TOPICS PROGRESS

This is the fourth of four topics required for attestation

1	2	3	4

Step 27 – Clinical Quality Measures (CQMs) (3 of 16)

STEPS
....

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

Click *Save & Continue*

Step 28 – Clinical Quality Measures (CQMs) (4 of 16)

TIPS

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

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

TOPICS PROGRESS

This is the fourth of four topics required for attestation

| 1 | 2 | 3 | 4 |

Step 29 – Clinical Quality Measures (CQMs) (5 of 16)

STEPS

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

Click *Save & Continue*

Step 30 – Clinical Quality Measures (CQMs) (6 of 16)

TIP

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

TOPICS PROGRESS

This is the fourth of four topics required for attestation

| 1 | 2 | 3 | 4 |

Step 31 – Clinical Quality Measures (CQMs) (7 of 16)

STEPS

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

Click *Save & Continue*

Step 32 – Clinical Quality Measures (CQMs) (8 of 16)

TIPS

| Denominator is entered before the Numerator | Numerator and denominator must be whole numbers |

TOPICS PROGRESS

This is the fourth of four topics required for attestation

| 1 | 2 | 3 | 4 |

Step 33 – Clinical Quality Measures (CQMs) (9 of 16)

Home	Registration	**Attestation**	Status

Clinical Quality Measures

Questionnaire: (9 of 16)

(*) Red asterisk indicates a required field.

YOUR HOSPITAL NAME
Tax Identifier: XX-XXXXXXX (EIN)
NPI:
CCN:
Program Year: 2014

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

Measure: **CMS188/NQF0147**

Versions: **CMS188v2/CMS188v3**

Title: Initial Antibiotic Selection for Community-Acquired Pneumonia (CAP) in Immunocompetent Patients

Description: (PN6) Immunocompetent patients with Community-Acquired Pneumonia who receive an initial antibiotic regimen during the first 24 hours that is consistent with current guidelines.

(Population 1) Immunocompetent ICU patients with Community-Acquired Pneumonia who receive an initial antibiotic regimen during the first 24 hours that is consistent with current guidelines.

(Population 2) Immunocompetent non-Intensive Care Unit (ICU) patients with Community-Acquired Pneumonia who receive an initial antibiotic regimen during the first 24 hours that is consistent with current guidelines.

Exemption: In the relevant EHR reporting period, eligible hospitals and CAHs with 5 or fewer discharges (if subject to a 90-day or 3-month FY quarter EHR reporting period), or 20 or fewer discharges (if subject to a full FY EHR reporting period) as defined by the CQMs denominator population would be exempted from reporting on the CQM. For eligible hospitals and CAHs participating in the Medicare EHR Incentive Program, please submit aggregate population data in QualityNet (for EHR-based reporting) for each CQM for which the eligible hospital or CAH is seeking the exemption. 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 or 3-month FY quarter 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 or 3-month FY quarter EHR reporting period) or 20 or fewer discharges (if subject to a full FY EHR reporting period).

*Case Threshold Exemption: [ ]

Denominator: Pneumonia patients 18 years of age and older with an ICD-9-CM Hospital Measures- Principal Diagnosis Code of pneumonia, OR ICD-9-CM Hospital Measures-Principal Diagnosis Code of septicemia or respiratory failure (acute or chronic) and also a secondary ICD-9-CM Other Diagnosis Code 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) defines appropriate antibiotics for ICU patients.
Numerator 2 (in population 2) defines appropriate antibiotics for non-ICU patients.

Complete the following information:

*Denominator 1:	*Numerator 1:	*Performance Rate 1:	*Exclusion 1:
2	2	2 %	2

*Denominator 2:	*Numerator 2:	*Performance Rate 2:	*Exclusion 2:
2	2	2 %	2

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

TOPICS PROGRESS

This is the fourth of four topics required for attestation

1	2	3	4

Step 34 – Clinical Quality Measures (CQMs) (10 of 16)

Questionnaire: (10 of 16)

(*) Red asterisk indicates a required field.

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

YOUR HOSPITAL NAME
Tax Identifier: XX-XXXXXXX (EIN)
NPI:
CCN:
Program Year: 2014

Measure: CMS172/NQF0528

Versions: CMS172v2/CMS172v3

Title: Prophylactic Antibiotic Selection for Surgical Patients

Description: Surgical patients who received prophylactic antibiotics consistent with current guidelines (specific to each type of surgical procedure).

Exemption: In the relevant EHR reporting period, eligible hospitals and CAHs with 5 or fewer discharges (if subject to a 90-day or 3-month FY quarter EHR reporting period), or 20 or fewer discharges (if subject to a full FY EHR reporting period) as defined by the CQMs denominator population would be exempted from reporting on the CQM. For eligible hospitals and CAHs participating in the Medicare EHR Incentive Program, please submit aggregate population data in QualityNet (for EHR-based reporting) for each CQM for which the eligible hospital or CAH is seeking the exemption. 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 or 3-month FY quarter 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 or 3-month FY quarter EHR reporting period) or 20 or fewer discharges (if subject to a full FY EHR reporting period).

*Case Threshold Exemption:

Denominator: All selected surgical patients 18 years of age and older with no evidence of prior infection with an ICD-9-CM Hospital Measures-Principal Procedure Code of selected surgeries.

Numerator: Number of surgical patients who received prophylactic antibiotics recommended for their specific surgical procedure.

Complete the following information:

Denominator for population 1 - Coronary artery bypass graft (CABG) procedures

*Denominator:	*Numerator:	*Performance Rate:	*Exclusion:
		%	

Denominator for population 2 - Other cardiac surgery

*Denominator:	*Numerator:	*Performance Rate:	*Exclusion:
		%	

Denominator for population 3 - Hip arthroplasty

*Denominator:	*Numerator:	*Performance Rate:	*Exclusion:
		%	

Denominator for population 4 - Knee arthroplasty

*Denominator:	*Numerator:	*Performance Rate:	*Exclusion:
		%	

Denominator for population 5 - Colon surgery

*Denominator:	*Numerator:	*Performance Rate:	*Exclusion:
		%	

Denominator for population 6 - Abdominal hysterectomy

*Denominator:	*Numerator:	*Performance Rate:	*Exclusion:
		%	

Denominator for population 7 - Vaginal hysterectomy

*Denominator:	*Numerator:	*Performance Rate:	*Exclusion:
		%	

Denominator for population 8 - Vascular surgery

*Denominator:	*Numerator:	*Performance Rate:	*Exclusion:
		%	

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

TOPICS PROGRESS

This is the fourth of four topics required for attestation

| 1 | 2 | 3 | 4 |

Step 35 – Clinical Quality Measures (CQMs) (11 of 16)

| Home | Registration | Attestation | Status |

Clinical Quality Measures

Questionnaire: (11 of 16)

(*) Red asterisk indicates a required field.

YOUR HOSPITAL NAME
Tax Identifier: XX-XXXXXXX (EIN)
NPI:
CCN:
Program Year: 2014

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

Measure: **CMS104/NQF0435**

Versions: **CMS104v1/CMS104v2**

Title: Discharged on Antithrombotic Therapy

Description: Ischemic stroke patients prescribed antithrombotic therapy at hospital discharge.

Exemption: In the relevant EHR reporting period, eligible hospitals and CAHs with 5 or fewer discharges (if subject to a 90-day or 3-month FY quarter EHR reporting period), or 20 or fewer discharges (if subject to a full FY EHR reporting period) as defined by the CQMs denominator population would be exempted from reporting on the CQM. For eligible hospitals and CAHs participating in the Medicare EHR Incentive Program, please submit aggregate population data in QualityNet (for EHR-based reporting) for each CQM for which the eligible hospital or CAH is seeking the exemption. 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 or 3-month FY quarter 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 or 3-month FY quarter EHR reporting period) or 20 or fewer discharges (if subject to a full FY EHR reporting period).

*Case Threshold Exemption: [_____]

Denominator: Ischemic stroke patients

Numerator: Ischemic stroke patients prescribed antithrombotic therapy at hospital discharge.

Complete the following information:

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

For CQM field descriptions: Help

For additional information: Clinical Quality Measure Page

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

◄ Previous   Return to Attestation Progress   Save & Continue ►

STEPS
....

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

Click *Save & Continue*

TIP

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

TOPICS PROGRESS

This is the fourth of four topics required for attestation

| 1 | 2 | 3 | 4 |

Step 36 – Clinical Quality Measures (CQMs) (12 of 16)

STEPS
....

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

Click *Save & Continue*

TIP

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

TOPICS PROGRESS

This is the fourth of four topics required for attestation

| 1 | 2 | 3 | 4 |

Step 37 – Clinical Quality Measures (CQMs) (13 of 16)

STEPS

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

Click *Save & Continue*

Step 38 – 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

TOPICS PROGRESS

This is the fourth of four topics required for attestation

| 1 | 2 | 3 | 4 |

Step 39 – Clinical Quality Measures (CQMs) (15 of 16)

Home	Registration	**Attestation**	Status

Clinical Quality Measures

Questionnaire: (15 of 16)

(*) Red asterisk indicates a required field.

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

YOUR HOSPITAL NAME
Tax Identifier: XX-XXXXXXX (EIN)
NPI:
CCN:
Program Year: 2014

Measure: **CMS105/NQF0439**

Versions: **CMS105v1/CMS105v2**

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: In the relevant EHR reporting period, eligible hospitals and CAHs with 5 or fewer discharges (if subject to a 90-day or 3-month FY quarter EHR reporting period), or 20 or fewer discharges (if subject to a full FY EHR reporting period) as defined by the CQMs denominator population would be exempted from reporting on the CQM. For eligible hospitals and CAHs participating in the Medicare EHR Incentive Program, please submit aggregate population data in QualityNet (for EHR-based reporting) for each CQM for which the eligible hospital or CAH is seeking the exemption. 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 or 3-month FY quarter 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 or 3-month FY quarter EHR reporting period) or 20 or fewer discharges (if subject to a full FY EHR reporting period).

*Case Threshold Exemption: [_____]

Denominator: Ischemic stroke patients with 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:
[____]	[____]	[____] %	[____]	[____]

TIPS

Denominator is entered before the Numerator

Click on HELP for additional guidance to navigate the system

The Help link is located on each page

TOPICS PROGRESS

This is the fourth of four topics required for attestation

1	2	3	4

Step 40 – Clinical Quality Measures (CQMs) (16 of 16)

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

Clinical Quality Measures

Questionnaire: (16 of 16)

(∗) Red asterisk indicates a required field.

YOUR HOSPITAL NAME
Tax Identifier: XX-XXXXXXX (EIN)
NPI:
CCN:
Program Year: 2014

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

Measure: **CMS73/NQF0373**

Versions: **CMS73v1/CMS73v2**

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: In the relevant EHR reporting period, eligible hospitals and CAHs with 5 or fewer discharges (if subject to a 90-day or 3-month FY quarter EHR reporting period), or 20 or fewer discharges (if subject to a full FY EHR reporting period) as defined by the CQMs denominator population would be exempted from reporting on the CQM. For eligible hospitals and CAHs participating in the Medicare EHR Incentive Program, please submit aggregate population data in QualityNet (for EHR-based reporting) for each CQM for which the eligible hospital or CAH is seeking the exemption. 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 or 3-month FY quarter 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 or 3-month FY quarter 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:
[ ]	[ ]	[ ] %	[ ]

TIPS

TOPICS PROGRESS

This is the fourth of four topics required for attestation

Denominator is entered before the Numerator

Click on HELP for additional guidance to navigate the system

The Help link is located on each page

| 1 | 2 | 3 | 4 |

Step 41 – Topics for this Attestation

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

STEPS ··················

Select *Continue with Attestation*

You will navigate to Summary of Measures

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

Step 42 – Attestation Summary

TIPS

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

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

Step 42 – Attestation Summary (cont.)

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

TIP

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

Step 42 – Attestation Summary (cont.)

TIPS

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

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

Step 43 – Submission Process: Attestation Statements

Step 43 – Submission Process (cont.): Confirmation Page

TIPS

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

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

Step 44 – Status Selection

STEPS ....

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

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

Step 44 – Status Selection (Cont)

STEPS

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

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

Step 45 – 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.

| Agree | Disagree |

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 46 – Attestation Batch Upload

| Home | Registration | **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.

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:

Any provider that is participating in the Meaningful Use (MU) for the first year must complete their MU functional measure AND clinical quality measure (CQM) submissions no later than July 1, 2014 for eligible hospitals or October 1, 2014 for eligible professionals in order to avoid the payment adjustment next year. If provider electronically submits CQMs, they have to ensure that they have received confirmation of their submission.

☐ *Acknowledge that any first year attestations must be submitted before July 1, 2014 for eligible hospitals or October 1, 2014 for eligible professionals in order to avoid payment adjustment.

*Batch File:

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

[Choose File] no file selected

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 Core and Menu 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

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.

[Cancel]   [Upload]

Step 47 – Submission Receipt (accepted attestation)

STEPS
....

Your attestation was accepted

Print this receipt for your records

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

THIS COMPLETES YOUR ATTESTATION

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

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

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

Step 48 – Submission Receipt (rejected attestation)

STEPS

Your attestation was rejected

Print this receipt for your records

The Medicare Attestation Status will show *Rejected Attestation*

YOUR ATTESTATION WAS REJECTED

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

Review your documentation to ensure the correct information was entered at attestation for each of the objectives and their associated measures. If an error is found, you may make the correction and resubmit your attestation for this same reporting period. Or you may submit an attestation with new information for a different reporting period during the first payment year to successfully demonstrate meaningful use.

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

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

TIP

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

Step 49 – Attestation Summary (rejected attestation)

Home	Registration	Attestation	Status

Attestation Summary

2 Meaningful Use Core Measures Results

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

Objective	Measure	Entered	Select
Use Computerized Provider Order Entry (CPOE) for medication orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines.	More than 30% of all unique patients with at least one medication in their medication list admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one medication order entered using CPOE.	Numerator = 9 Denominator = 10	Edit
Implement drug-drug and drug-allergy interaction checks	The eligible hospital or CAH has enabled this functionality for the entire EHR reporting period.	Yes	Edit

Home	Registration	Attestation	Status

Summary of Meaningful Use Core Measures

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

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

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

◀ Previous | Next Topic ▶ | Review Results

STEPS
. . . .

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

Review each measure for the Accepted/ Rejected status

Click *Next Topic* to continue with the Menu measures

TIP

Print the Summary of Measures page for your future reference

Step 50 – Cancel Attestation

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

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

Have Questions?

STEPS
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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 8:30 a.m. – 4:30 p.m. in all time zones (except on Federal holidays)*

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

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

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

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

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

Acronym Translation

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

ACRONYMS

Act Now for CMS
Electronic Health Record Incentives

eHR

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NOTES:

NOTES: