Preview of the Attestation System for the Medicare Electronic Health Record (EHR) Incentive Program

The Medicare EHR Incentive Program provides incentive payments to eligible professionals, eligible hospitals and critical access hospitals that demonstrate meaningful use of certified EHR technology. These providers register to participate in the program through CMS' web-based Medicare and Medicaid EHR Incentive Program Registration and Attestation System.

During Attestation, eligible professionals, eligible hospitals, and critical access hospitals report numerator, denominator, and exclusion results (if applicable) for the meaningful use objectives and attest that they have successfully met the requirements of the program. Once eligible professionals, eligible hospitals and critical access hospitals have completed a successful online submission through the Attestation System, they qualify for a Medicare EHR incentive payment.

The Attestation System for the Medicare EHR Incentive Program will open on April 18, 2011.

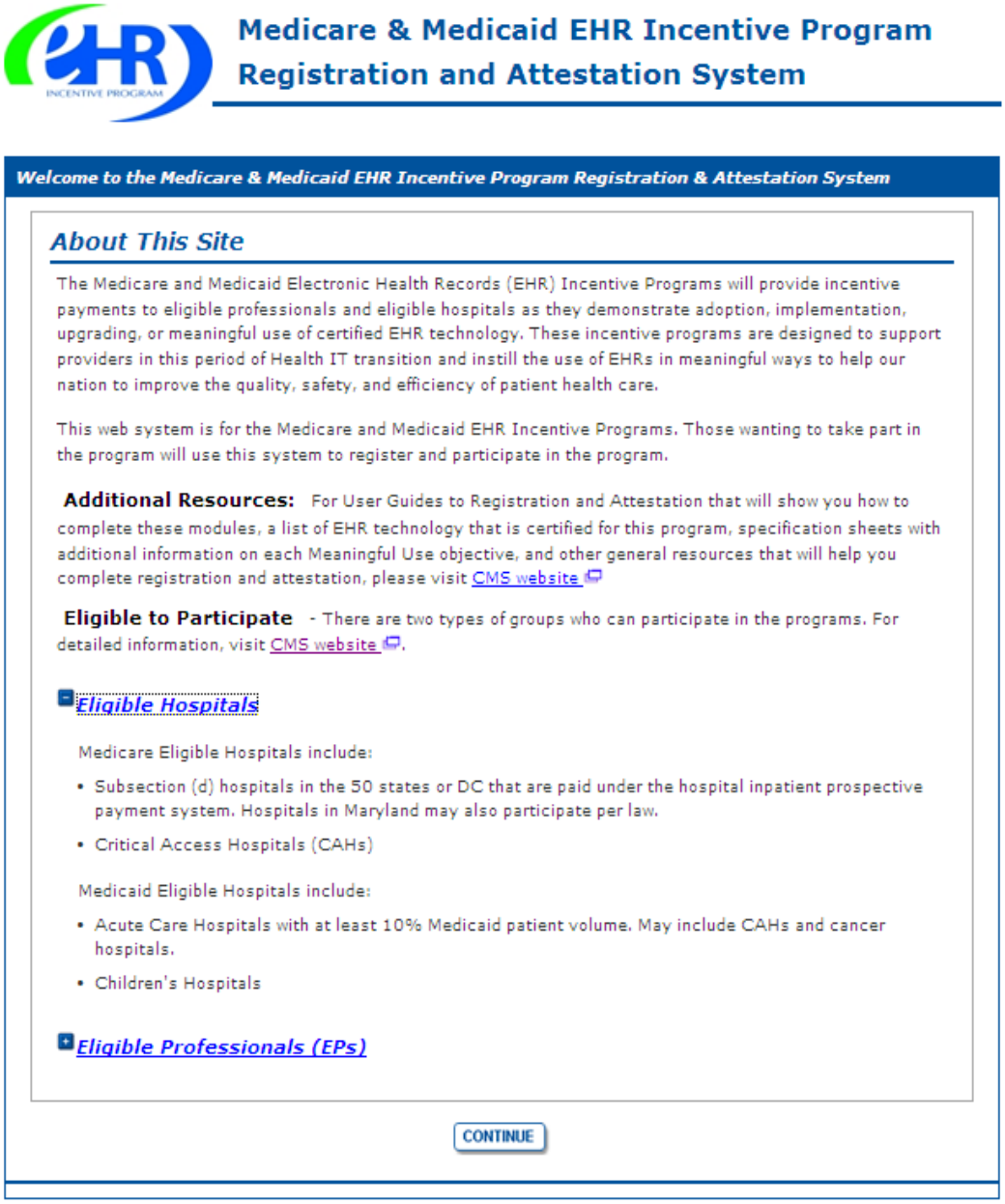
This preview includes attestation screenshots and is intended to give examples of what the attestation process will look like. Please note that these screenshots are only examples—the final appearance and language may incorporate additional changes.

CMS will release additional information about the attestation process soon, including User Guides that will give step-by-step instructions for completing attestation and educational webinars that describe the attestation process in depth.

For the Medicaid EHR Incentive Program, providers will follow a similar process using their state's Attestation System. Review the states' scheduled launch dates of their Medicaid EHR Incentive Program.

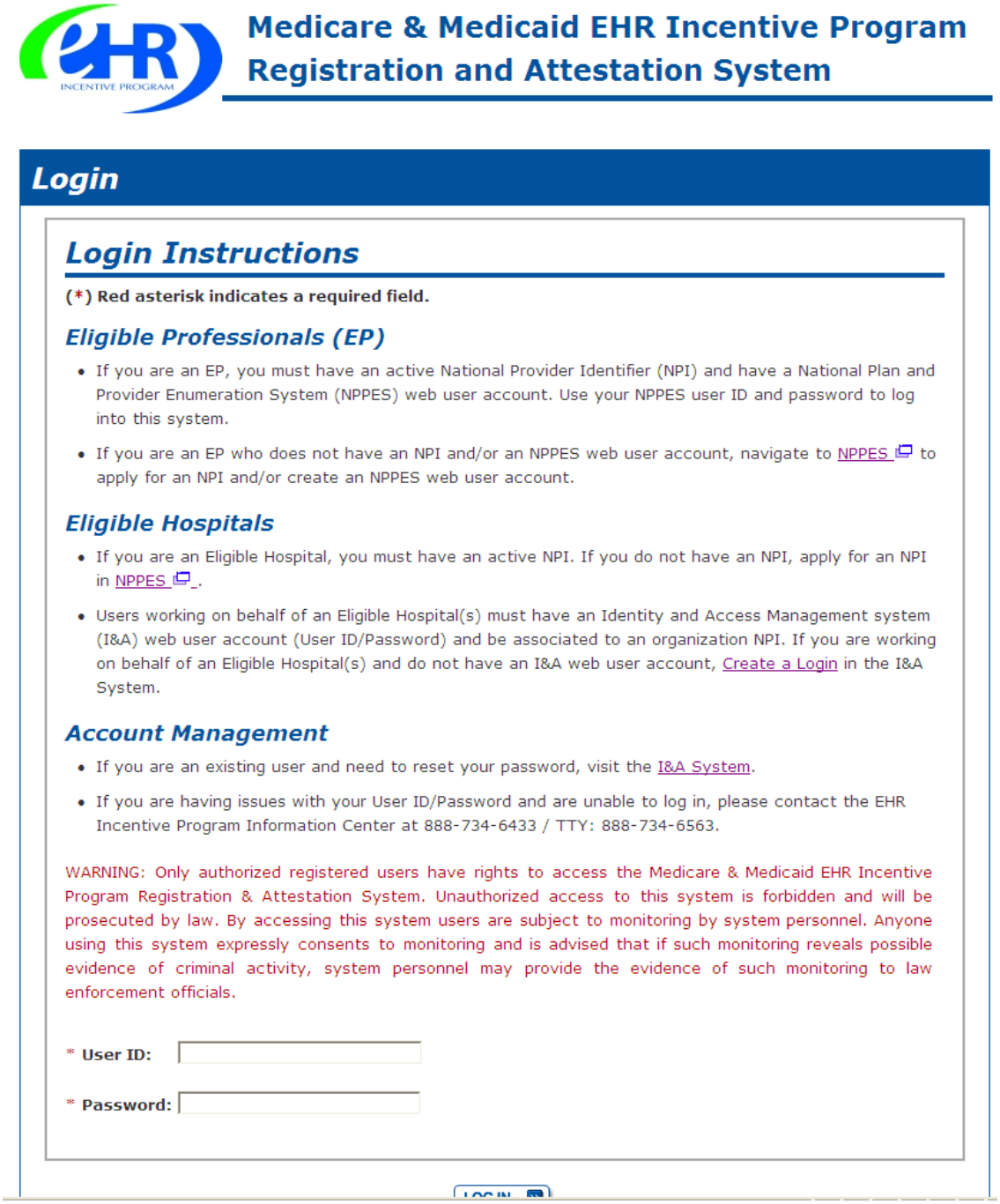
For detailed information about the Medicare and Medicaid EHR Incentive Program, please visit the CMS EHR website.

A.



Screenshot A is the first screen of the Attestation System. Selecting the *Eligible Hospital*s or *Eligible Professionals (EPs)* link expands to display additional information about which hospitals or professionals are eligible to participate. Selecting the link again collapses the additional information. Clicking the *Continue* button takes the user to the *Login* page.

B.



Medicare & Medicaid EHR Incentive Program
Registration and Attestation System

Login

Login Instructions

(*) Red asterisk indicates a required field.

Eligible Professionals (EP)

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

Eligible Hospitals

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

Account Management

- If you are an existing user and need to reset your password, visit the I&A System.
- If you are having issues with your User ID/Password and are unable to log in, please contact the EHR Incentive Program Information Center at 888-734-6433 / TTY: 888-734-6563.

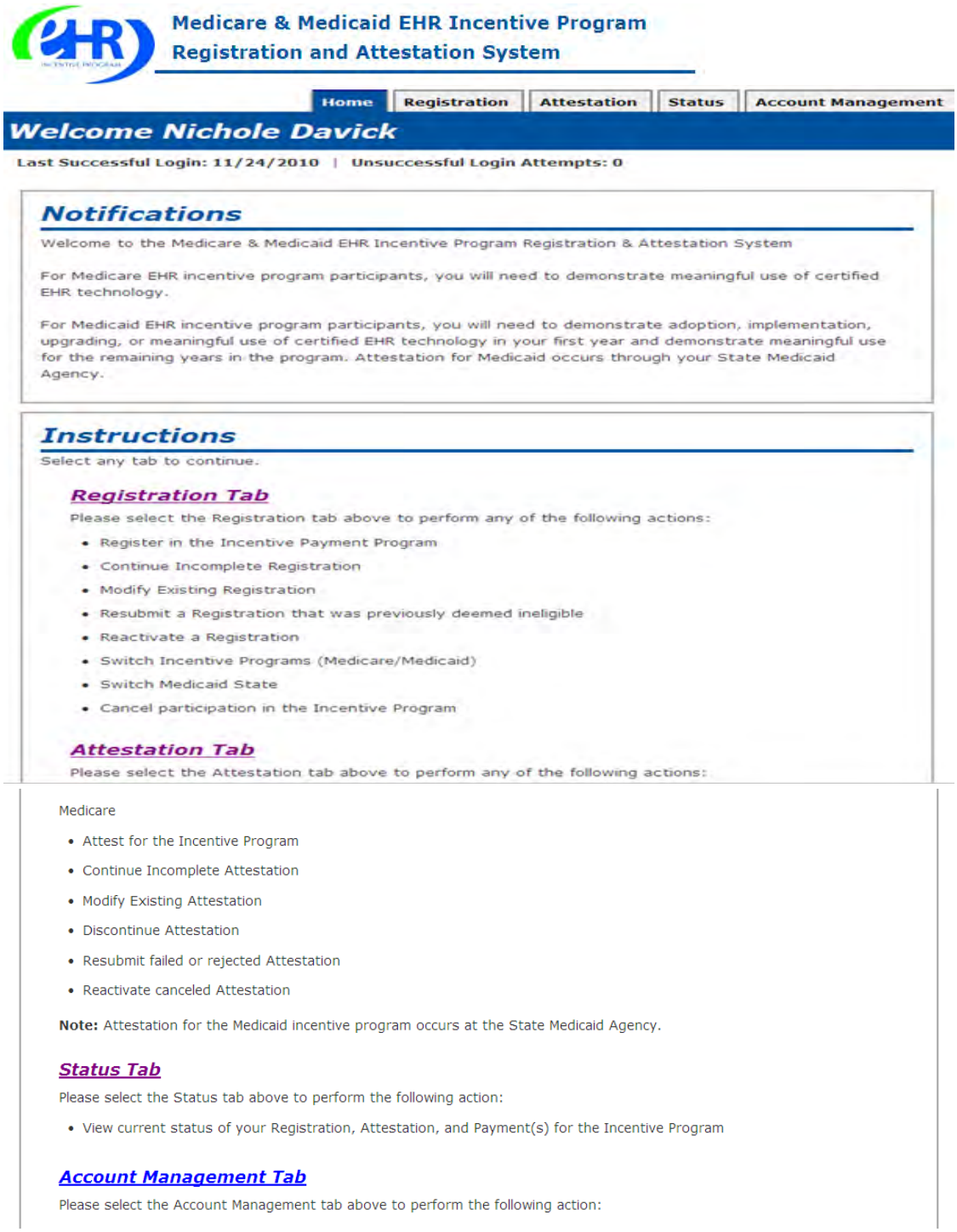
WARNING: Only authorized registered users have rights to access the Medicare & Medicaid EHR Incentive Program Registration & Attestation System. Unauthorized access to this system is forbidden and will be prosecuted by law. By accessing this system users are subject to monitoring by system personnel. Anyone using this system expressly consents to monitoring and is advised that if such monitoring reveals possible evidence of criminal activity, system personnel may provide the evidence of such monitoring to law enforcement officials.

* User ID:

* Password:

Screenshot B is the *Login* page. Here the user will enter his or her User ID and Password.

C.



Screenshot C is the home page of the Registration and Attestation System. From here, the user can navigate to the *Registration* and *Attestation* tabs. By clicking the *Status* tab, the user can view the

current status of their registration, attestation, and payment(s). To begin attestation, the user can click on the *Attestation* tab.

D.

Home | Registration | Attestation | Status | Account Management

Topics for this Attestation

Reason for Attestation

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

Topics

The data required for this attestation is grouped into topics. In order to complete your attestation, you must complete ALL of the following topics. Select the **START ATTESTATION** button to modify any previously entered information. The system will show checks for each item when completed.

Completed	Topics
___	**Meaningful Use Core Measures**
___	**Meaningful Use Menu Measures**
___	**Core Clinical Quality Measures**
___	**Alternate Core Clinical Quality Measures** (Required only if any Core CQM has a denominator of zero)
___	**Additional Clinical Quality Measures**

Note:

When all topics are marked as completed or N/A, please select the **SUBMIT & ATTEST** button to complete the attestation process.

PREVIOUS PAGE | START ATTESTATION | SUBMIT & ATTEST

Screenshot D is the first screen after clicking the *Attestation* tab. Shown here are all of the attestation topics the user must complete in order to attest to successfully demonstrating meaningful use and receive an incentive payment. After each topic has been completed, a check mark will be placed in the completed tab next to the topic. Clicking on the *Start Attestation* button will bring the user to the first meaningful use core measure question.

E.

Home | Registration | Attestation | Status | Account Management

Meaningful Use Core Measures

Questionnaire: (1 of 15)

(*) Red asterisk indicates a required field.

Objective: Use Computerized Provider Order Entry (CPOE) for medication orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines.

Measure: More than 30% of all unique patients with at least one medication in their medication list seen by the EP have at least one medication order entered using CPOE.

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

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

EXCLUSION - Based on ALL patient records: Any EP who writes fewer than 100 prescriptions during the EHR reporting period would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

*Does this exclusion apply to you?

(●) **Yes** ( ) **No**

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

PREVIOUS PAGE | SAVE AND CONTINUE

Screenshot E is the first question of the meaningful use core measures for eligible professionals. Eligible professionals must answer and meet all 15 of the core measures. Certain core and menu measures can be based on either all patient records or only those records maintained in certified EHR technology. Where appropriate, the eligible professionals must indicate how data from patient records was extracted. Certain core and menu measures also provide exclusions based on specific requirements. Eligible professionals may be excluded from meeting an objective if they meet the circumstances of the exclusion.

F.

Home | Registration | Attestation | Status | Account Management

Meaningful Use Core Measures

Questionnaire: (2 of 15)

(*) Red asterisk indicates a required field.

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

Measure: The EP has enabled this functionality for the entire EHR reporting period.

Complete the following information:

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

◉ **Yes** ○ **No**

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

PREVIOUS PAGE | SAVE AND CONTINUE

Screenshot F shows question two of the meaningful use core measures, where an eligible professional is required to answer either Yes or No in order to indicate whether they have met the measure.

G.

Home | Registration | Attestation | Status | Account Management

Meaningful Use Core Measures

Questionnaire: (3 of 15)

(*) Red asterisk indicates a required field.

Objective: Maintain an up-to-date problem list of current and active diagnoses.

Measure: More than 80% of all unique patients seen by the EP have at least one entry or an indication that no problems are known for the patient recorded as structured data.

Complete the following information:

Numerator Number of patients in the denominator who have at least one entry or an indication that no problems are known for the patient recorded as structured data in their problem list.

Denominator Number of unique patients seen by the EP during the EHR reporting period.

***Numerator:** 800 ***Denominator:** 1000

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

PREVIOUS PAGE | SAVE AND CONTINUE

Screenshot G shows question three of the meaningful use core measures, where an eligible professional is required to enter a numerator and denominator. The numerator and denominator are defined for every core and menu measure where they are required.

H.

Home | Registration | Attestation | Status | Account Management

Meaningful Use Menu Measures

Questionnaire

Instructions:

When selecting five objectives from the Meaningful Use Menu Measure Objectives, an EP must choose at least one objective from the public health menu measure objectives. Should the EP be able to meet the measure for one of these public health menu measure objectives and can attest that an exclusion applies for the other, the EP is required to select and report on the public health menu measure objectives they are able to meet. If the EP can attest to an exclusion from both public health menu measure objectives, the EP must choose one of the two public health menu measure objectives and attest to the exclusion.

After completing the public health menu measure objectives, the EP must report on four (4) additional menu measure objectives from outside the public health menu measures. The EP should first select the menu measure objectives that are relevant to their scope of practice. If the EP is unable to choose four (4) menu measure objectives that are relevant to their scope of practice, then the EP can choose menu measure objective(s) with an exclusion until a total of four (4) menu measure objectives is chosen. However, an EP should not claim an exclusion for a menu measure objective if there are four (4) menu measure objectives that are relevant to their scope of practice and for which they are able to meet the measures.

You must submit one Meaningful Use Menu Measure from the public health list below even if an Exclusion applies to both:

Objective	Measure	Select
Capability to submit electronic data to immunization registries or immunization information systems and actual submission in accordance with applicable law and practice.	Performed at least one test of certified EHR technology's capacity to submit electronic data to immunization registries and follow up submission if the test is successful (unless none of the immunization registries to which the EP submits such information have the capacity to receive the information electronically)	☐
Capability to submit electronic syndromic surveillance data to public health agencies and actual submission in accordance with applicable law and practice.	Performed at least one test of certified EHR technology's capacity to provide electronic syndromic surveillance data to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which an EP submits such information have the capacity to	☐

Screenshot H is the top half of the selection screen for the meaningful use menu measures. Eligible professionals must select five out of 10 of the meaningful use menu measures to meet. The user will need to place a check in the column located to the right of the listed objective and measure they choose to meet. After selecting the five measures he or she chooses to meet, the user can begin to answer each measure's questions.

Please note that the instruction language on this screen will change in the final Attestation System to indicate that eligible professionals may select either one public health objective and four additional objectives, or both public health objectives and three additional objectives.

I.

Home | Registration | Attestation | Status | Account Management

Meaningful Use Menu Measures

Questionnaire: (4 of 5)

(*) Red asterisk indicates a required field.

Objective: Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, or outreach.

Measure: Generate at least one report listing patients of the EP with a specific condition.

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

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

Complete the following information:

*Have you generated at least one report listing your patients with a specific condition?

○ **Yes** ○ **No**

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

PREVIOUS PAGE | SAVE AND CONTINUE

Screenshot I is an example of a meaningful use menu measure question in the eligible professional Attestation System. The menu measure questions follow the same format as the core measure questions.

J.

Home | Registration | Attestation | Status | Account Management

Clinical Quality Measures

Questionnaire: (2 of 3)

(*) Red asterisk indicates a required field.

Instructions: All three Core Clinical Quality Measures must be submitted. For each Core Clinical Quality Measure that has a denominator of zero, an Alternate Core Clinical Quality Measure must also be submitted.

NQF 0028 / PQRI 114

Title: Preventive Care and Screening Measure Pair

a. Tobacco Use Assessment
Description: Percentage of patients aged 18 years and older who have been seen for at least 2 office visits who were queried about tobacco use one or more times within 24 months.

Complete the following information:

*Denominator: *Numerator:

b. Tobacco Cessation Intervention
Description: Percentage of patients aged 18 years and older identified as tobacco users within the past 24 months and have been seen for at least 2 office visits, who received cessation intervention.

Complete the following information:

*Denominator: *Numerator:

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

PREVIOUS PAGE | SAVE AND CONTINUE

Screenshot J is an example of a core clinical quality measure question. Eligible professionals must answer all three of the core clinical quality measure questions. If they provide a denominator of zero for any of the core measures, they will be prompted to select alternate core quality measures for those measures. Eligible professionals must then select three additional quality measures and answer questions on those measures. As shown above, eligible professionals will enter a denominator and numerator for each clinical quality measure.

K.

Home | Registration | Attestation | Status | Account Management

Summary of Measures

Summary of Meaningful Use Core Measures

Objective	Accepted/ Rejected	Reason	Submitted Measure
+ 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	Accepted	This objective is accepted and all measures for this objective meet minimum standard.	40%
+ Implement drug-drug and drug-allergy interaction checks	Accepted	This objective is accepted and all measures for this objective meet minimum standard.	Yes
+ Maintain an up-to-date problem list of current and active diagnoses.	Rejected	This objective is rejected and all measures for this objective do not meet minimum standard.	67%
+ Generate and transmit permissible prescriptions electronically (eRx).	Accepted	This objective is accepted because the measure has been excluded.	0
+ Maintain active medication list.	Rejected	This objective is rejected and all measures for this objective do not meet minimum standard.	78%
+ Maintain active medication allergy list.	Accepted	This objective is accepted and all measures for this objective meet minimum standard.	91%
+ Record all of the following demographics: • Preferred language • Gender • Race • Ethnicity • Date of birth	Accepted	This objective is accepted and all measures for this objective meet minimum standard.	59%
+ Record and chart changes in vital signs: • Height • Weight • Blood pressure Calculate and display body mass index (BMI). Plot and display growth charts for children 2-20 years, including BMI.	Accepted	This objective is accepted because the measure has been excluded.	0
+ Record smoking status for patients 13 years old or older.	Accepted	This objective is accepted because the measure has been excluded.	0
+ Report ambulatory clinical quality measures to CMS.	Accepted	This objective is accepted and all measures for this objective meet minimum standard.	Yes
+ Implement one clinical decision support rule relevant to specialty or high clinical priority along with the ability to track compliance that rule.	Rejected	This objective is rejected and all measures for this objective do not meet minimum standard.	No
+ Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, medication allergies), upon request.	Accepted	This objective is accepted and all measures for this objective meet minimum standard.	92%
+ Provide clinical summaries for patients for each office visit.	Accepted	This objective is accepted and all measures for this objective meet minimum standard.	83%
+ Capability to exchange key clinical information (for example, problem list, medication list, allergies, diagnostic test results), among providers of care and patient authorized entities electronically.	Accepted	This objective is accepted and all measures for this objective meet minimum standard.	Yes
+ Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities.	Accepted	This objective is accepted and all measures for this objective meet minimum standard.	Yes

Please select the **HOME** button to go to the Home Page, or the **NEXT PAGE** button to view the summary of Meaningful Use Menu Measures.

HOME | NEXT PAGE

Screenshot K is the *Summary of Measures* page that will be shown after complete information for all of the core, menu, and clinical quality measures has been entered and an attestation has been submitted. Eligible professionals will learn immediately whether their attestation has been successful or whether it has failed. This page shows which measures have been accepted or rejected.