Medicare & Medicaid EHR Incentive Programs

Proposed Rule for Stage 2 Meaningful Use Requirements

Proposed Rule

Everything discussed in this presentation is part of a notice of proposed rulemaking (NPRM).

We encourage anyone interested in Stage 2 of meaningful use to review the NPRM for Stage 2 of meaningful use and the NPRM for the 2014 certification of EHR technology at

CMS Rule: http://www.ofr.gov/OFRUpload/OFRData/2012-04443_PI.pdf

ONC Rule: http://www.ofr.gov/OFRUpload/OFRData/2012-04430_PI.pdf

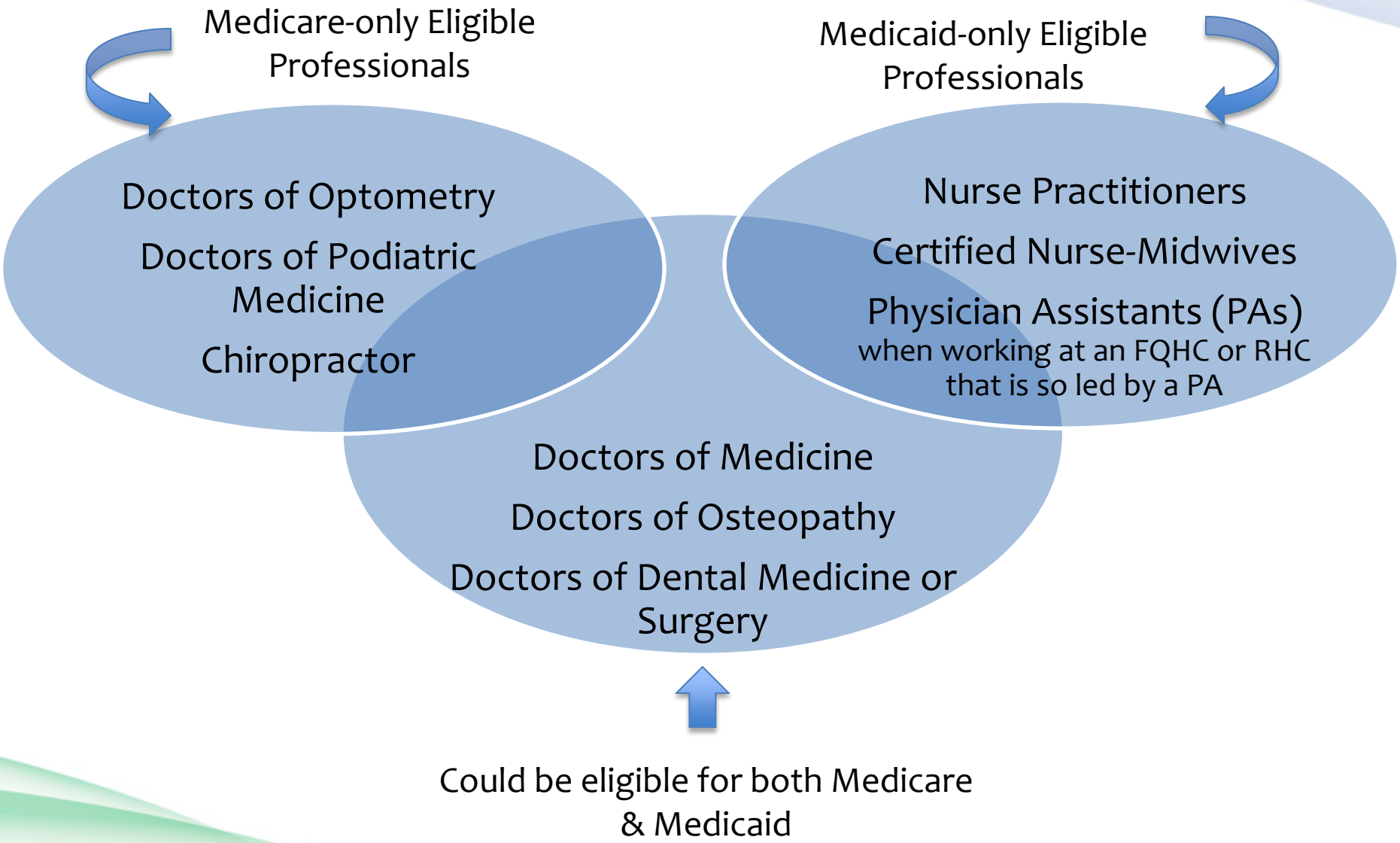
Comments can be made starting March 7 through May 6 at www.regulations.gov

What is in the Proposed Rule

- Minor changes to Stage 1 of meaningful use
- Stage 2 of meaningful use
- New clinical quality measures
- New clinical quality measure reporting mechanisms
- Appeals
- Details on the Medicare payment adjustments
- Minor Medicare Advantage program changes
- Minor Medicaid program changes

Eligibility

- Eligibility in general is determined by the HITECH Act and there have been no changes to the HITECH Act
- Therefore the only eligibility changes are those within our regulatory purview under the Medicaid EHR Incentive Program


Medicare-only Eligible Professionals
Medicaid-only Eligible Professionals
Doctors of Optometry
Doctors of Podiatric Medicine
Chiropractor
Nurse Practitioners
Certified Nurse-Midwives
Physician Assistants (PAs)
when working at an FQHC or RHC that is so led by a PA
Doctors of Medicine
Doctors of Osteopathy
Doctors of Dental Medicine or Surgery
Could be eligible for both Medicare & Medicaid

Medicare Eligible Professionals

- Must be a physician (defined as MD, DO, DDM/DDS, optometrist, podiatrist, chiropractor)
- Must have Part B Medicare allowed charges
- Must not be hospital-based
- Must be enrolled in Provider Enrollment, Chain and Ownership System (PECOS) and in an 'approved status' , living

Medicaid Eligible Professionals

Must either:

- Have ≥ 30% *Medicaid* patient volume (≥ 20% for pediatricians only); or
- Practice predominantly in an FQHC or RHC with ≥30% *needy individual* patient volume

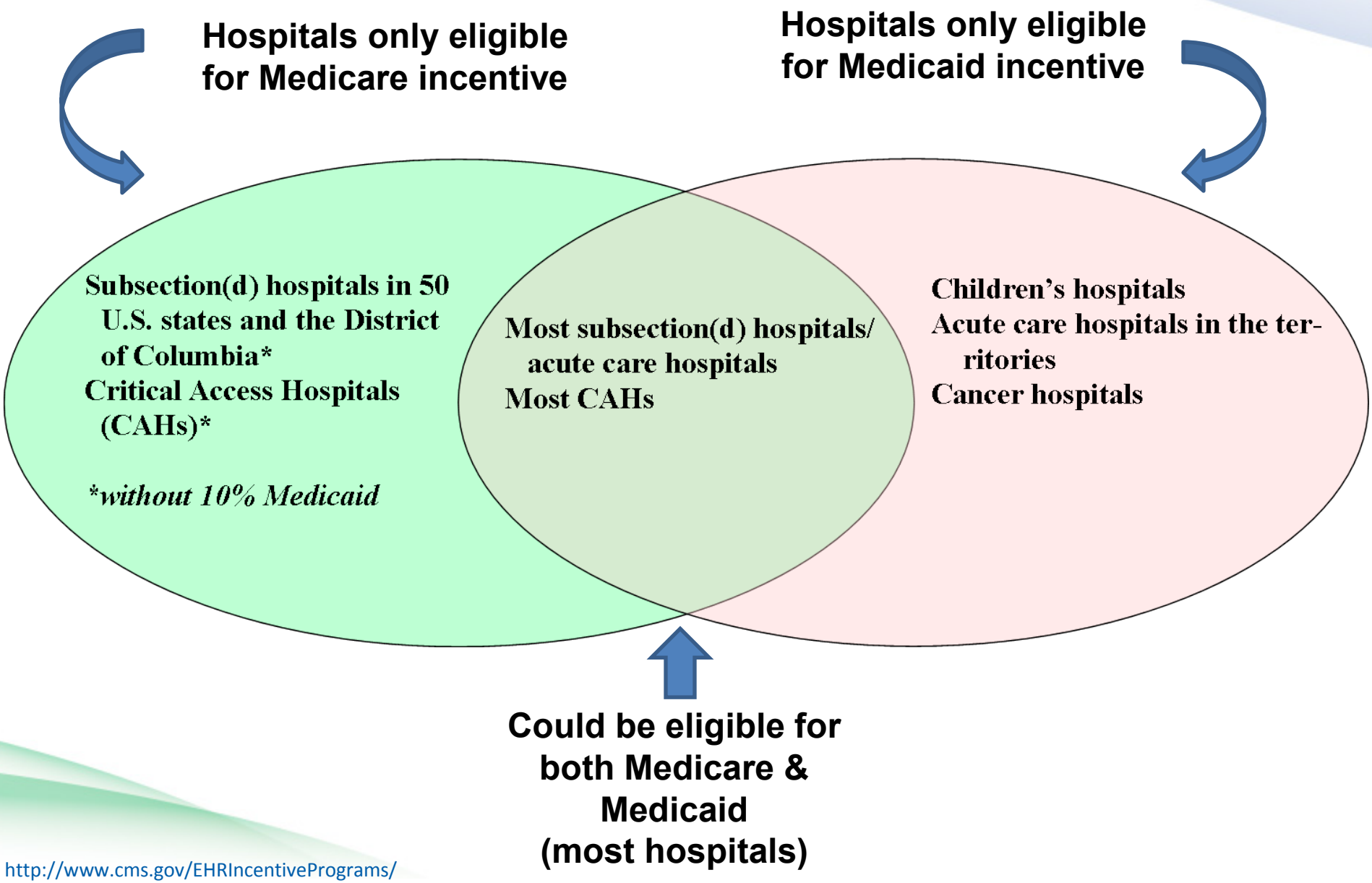
Licensed, credentialed

No OIG exclusions, living

Must not be hospital-based

Hospital Based Eligible Professionals

There are no proposed changes to the hospital based eligible professional definition. Although we do discuss and ask for comment on situations where an EP who is classified as hospital-based might still be providing their own Certified EHR Technology.


Hospitals only eligible for Medicare incentive
Hospitals only eligible for Medicaid incentive
Subsection(d) hospitals in 50 U.S. states and the District of Columbia*
Critical Access Hospitals (CAHs)*
*without 10% Medicaid
Most subsection(d) hospitals/ acute care hospitals
Most CAHs
Children's hospitals
Acute care hospitals in the territories
Cancer hospitals
Could be eligible for both Medicare & Medicaid (most hospitals)

Hospital Eligibility

Medicare

- Title XVIII subsection(d) qualified
  - Must be in 50 United States or D.C.
- Critical Access Hospitals (CAHs)
- Medicare Advantage (MA-Affiliated) Hospitals

Medicaid

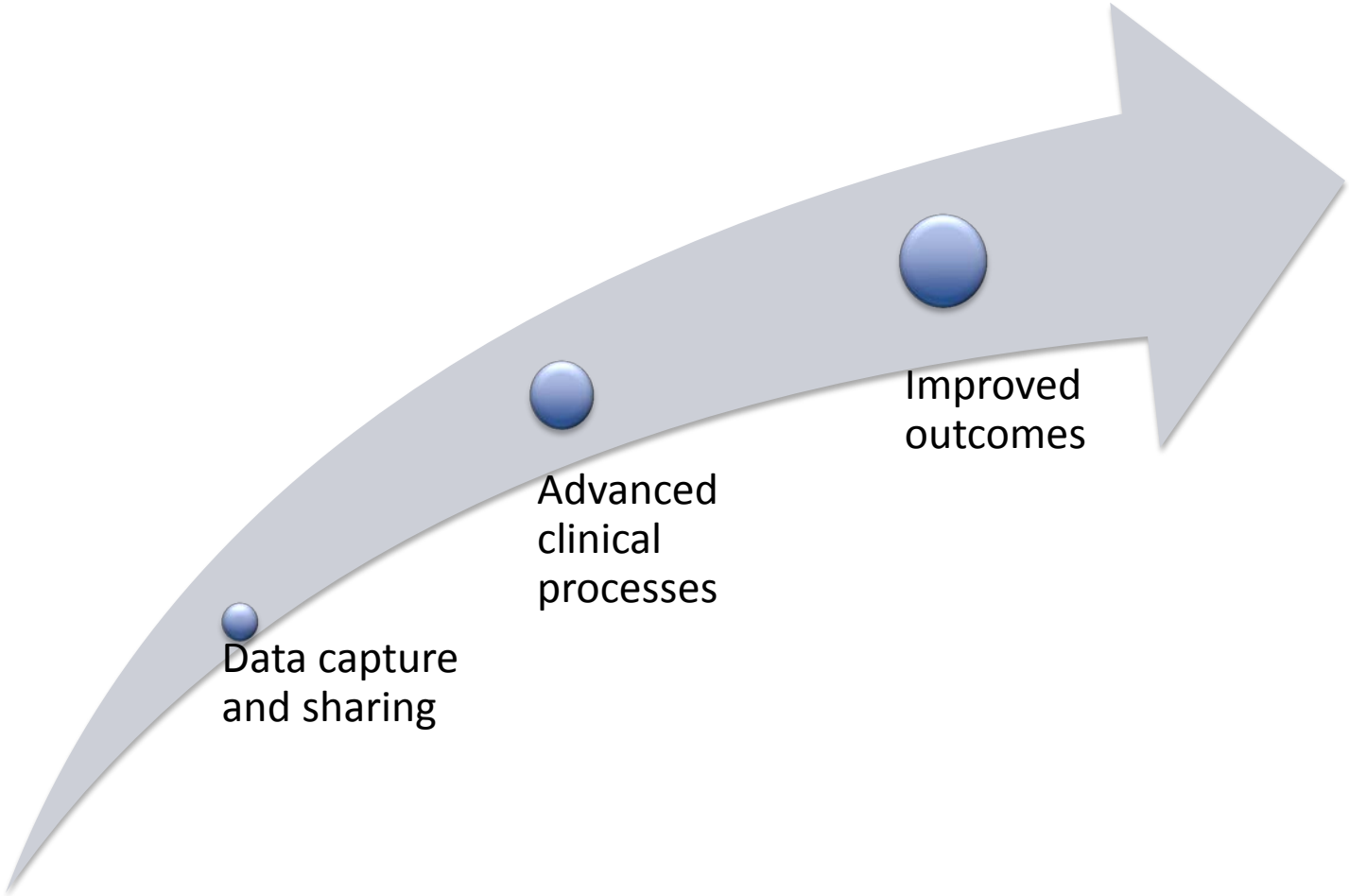
- Acute care hospital with at least 10% Medicaid patient volume
  - General, short-term stay
  - Cancer
  - Critical Access Hospitals
- Children's hospitals

What is Meaningful Use?

- Meaningful Use is using certified EHR technology to
  - Improve quality, safety, efficiency, and reduce health disparities
  - Engage patients and families in their health care
  - Improve care coordination
  - Improve population and public health
  - All the while maintaining privacy and security
- Meaningful Use mandated in law to receive incentives

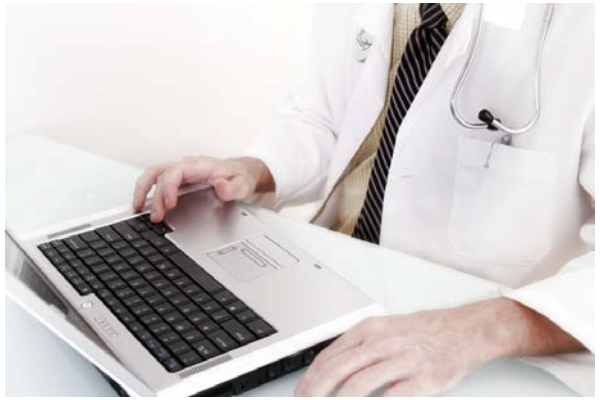
http://www.cms.gov/EHRIncentivePrograms/

A Conceptual Approach to Meaningful Use



MU and Implementation

- Put each objective in the context of the goal

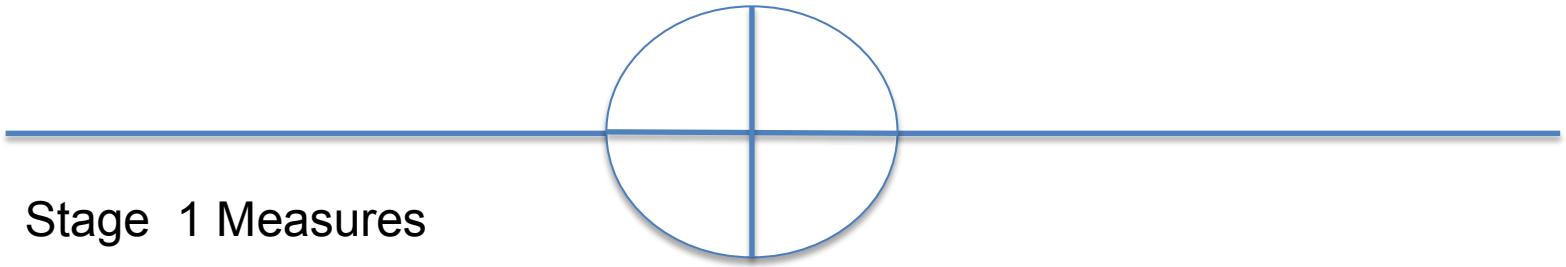


Why does CPOE improve quality, safety and efficiency?

- Is it measurable?
- How can usability and workflow be better?

Meaningful Use Risks

- Can't measure, Can't Share
- Aiming too low



Stage 2 Timeline

June 2011
HITPC
Recommendations
on Stage 2

Feb 2012
Stage 2 Proposed
Rule

Summer 2012
Stage 2 Final Rule

Oct 1, 2013/ Jan 1, 2014
Proposed Stage 2 Start
Dates

Stages of Meaningful Use

1st Year	Stage of Meaningful Use										
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
2011	1	1	1	2	2	3	3	TBD	TBD	TBD	TBD
2012		1	1	2	2	3	3	TBD	TBD	TBD	TBD
2013			1	1	2	2	3	3	TBD	TBD	TBD
2014				1	1	2	2	3	3	TBD	TBD
2015					1	1	2	2	3	3	TBD
2016						1	1	2	2	3	3
2017							1	1	2	2	3

http://www.cms.gov/EHRIncentivePrograms/

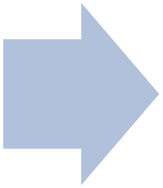
Stage 1 to Stage 2 Meaningful Use

Eligible Professionals

15 core objectives

5 of 10 menu objectives

20 total objectives



Eligible Professionals

17 core objectives

3 of 5 menu objectives

20 total objectives

Eligible Hospitals & CAHs

14 core objectives

5 of 10 menu objectives

19 total objectives

Eligible Hospitals & CAHs

16 core objectives

2 of 4 menu objectives

18 total objectives

http://www.cms.gov/EHRIncentivePrograms/

Meaningful Use Concepts

Changes

- Exclusions no longer count to meeting one of the menu objectives
- All denominators include all patient encounters at outpatient locations equipped with certified EHR technology

No Changes

- No change in 50% of EP outpatient encounters must occur at locations equipped with certified EHR technology
- Measure compliance = objective compliance

Stage 2 EP Core Objectives

1. Use CPOE for more than **60%** of medication, **laboratory and radiology** orders
2. E-Rx for more than 65%
3. Record demographics for more than **80%**
4. Record vital signs for more than **80%**
5. Record smoking status for more than **80%**
6. Implement **5** clinical decision support interventions + drug/drug and drug/allergy
7. Incorporate lab results for more than **55%**

http://www.cms.gov/EHRIncentivePrograms/

Stage 2 EP Core Objectives

8. Generate patient list by specific condition
9. Use EHR to identify and provide more than 10% with reminders for preventive/follow-up
10. Provide **online access** to health information for more than 50% with more than **10% actually accessing**
11. Provide office visit summaries in **24 hours**
12. Use EHR to identify and provide education resources more than 10%

http://www.cms.gov/EHRIncentivePrograms/

Stage 2 EP Core Objectives

13. **More than 10% of patients send secure messages to their EP**
14. Medication reconciliation at more than **65%** of transitions of care
15. Provide summary of care document for more than **65%** of transitions of care and referrals with **10% sent electronically**
16. **Successful ongoing** transmission of immunization data
17. Conduct or review security analysis and incorporate in risk management process

http://www.cms.gov/EHRIncentivePrograms/

Stage 2 EP Menu Objectives

1. **More than 40% of imaging results are accessible through Certified EHR Technology**
2. **Record family health history for more than 20%**
3. **Successful ongoing** transmission of syndromic surveillance data
4. **Successful ongoing transmission of cancer case information**
5. **Successful ongoing transmission of data to a specialized registry**

Stage 2 Hospital Core Objectives

1. Use CPOE for more than **60%** of medication, **laboratory and radiology** orders
2. Record demographics for more than **80%**
3. Record vital signs for more than **80%**
4. Record smoking status for more than **80%**
5. Implement **5** clinical decision support interventions + drug/drug and drug/allergy
6. Incorporate lab results for more than **55%**

http://www.cms.gov/EHRIncentivePrograms/

Stage 2 Hospital Core Objectives

7. Generate patient list by specific condition
8. **EMAR is implemented and used for more than 10% of medication orders**
9. Provide **online access** to health information for more than 50% with more than **10% actually accessing**
10. Use EHR to identify and provide education resources more than 10%
11. Medication reconciliation at more than **65%** of transitions of care

http://www.cms.gov/EHRIncentivePrograms/

Stage 2 Hospital Core Objectives

12. Provide summary of care document for more than **65%** of transitions of care and referrals with **10% sent electronically**
13. **Successful ongoing** transmission of immunization data
14. **Successful ongoing** submission of reportable laboratory results
15. **Successful ongoing** submission of electronic syndromic surveillance data
16. Conduct or review security analysis and incorporate in risk management process

http://www.cms.gov/EHRIncentivePrograms/

Stage 2 Hospital Menu Objectives

1. Record indication of advanced directive for more than 50%
2. **More than 40% of imaging results are accessible through Certified EHR Technology**
3. **Record family health history for more than 20%**
4. **E-Rx for more than 10% of discharge prescriptions**

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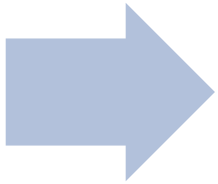
Changes to Stage 1

CPOE

Denominator: Unique Patient with at least one medication in their med list

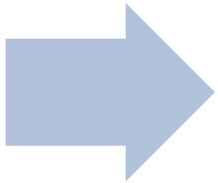


Denominator: Number of Orders during the EHR Reporting Period

Optional in 2013 Required in 2014+

Vital Signs

Age Limits: Age 2 for Blood Pressure & Height/Weight



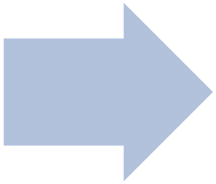
Age Limits: Age 3 for Blood Pressure, No age limit for Height/Weight

Optional in 2013 Required in 2014+

Changes to Stage 1

Vital Signs

Exclusion: All three elements not relevant to scope of practice

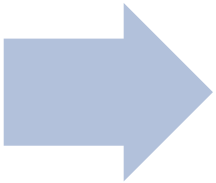


Exclusion: Allows BP to be separated from height/weight

Optional in 2013 Required in 2014+

Test of Health Information Exchange

One test of electronic transmission of key clinical information



Requirement removed effective 2013

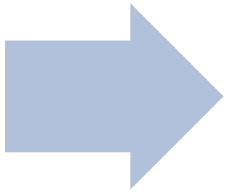
Effective 2013

Changes to Stage 1

E-Copy and Online Access

Objective: Provide patients with e-copy of health information upon request

Objective: Provide electronic access to health information



Replacement Objective:

Provide patients the ability to view online, download and transmit their health information

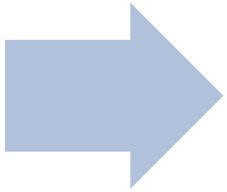
Required in 2014+

Public Health Objectives

Immunizations

Reportable Labs

Syndromic Surveillance



Addition of "except where prohibited" to all three

Effective 2013

http://www.cms.gov/EHRIncentivePrograms/

CLINICAL QUALITY MEASURES

Clinical Quality Measures

Change from Stage 1 to Stage 2:

CQMs are no longer a meaningful use core objective, but reporting CQMs is still a requirement for meaningful use.

CQM – Timing

Time periods for reporting CQMs – NO CHANGE from Stage 1 to Stage 2

Provider Type	Reporting Period for 1st year of MU (Stage 1)	Submission Period for 1st year of MU (Stage 1)	Reporting Period for Subsequent years of MU (2nd year and beyond)	Submission Period for Subsequent years of MU (2nd year and beyond)
EP	90 consecutive days within the calendar year	Anytime immediately following the end of the 90-day reporting period , but no later than February 28 of the following calendar year	1 calendar year (January 1 – December 31)	2 months following the end of the EHR reporting period (January 1 – February 28)
Eligible Hospital/ CAH	90 consecutive days within the fiscal year	Anytime immediately following the end of the 90-day reporting period , but no later than November 30 of the following fiscal year	1 fiscal year (October 1 – September 30)	2 months following the end of the EHR reporting period (October 1 – November 30)

CQM – Criteria for Selection

- Statutory requirements
- Implemented within the capacity of CMS infrastructure
- Alignment of Quality Measurement Programs

CQM – Criteria for Selection (cont'd)

- Measures that address known gaps in quality of care
- Measures that address areas of care for different types of eligible professionals
- Support CMS and HHS priorities for improved quality of care based on the National Quality Strategy and HITPC recommendations.

Alignment Among Programs

- CMS is committed to aligning quality measurement and reporting among programs
- Alignment efforts on several fronts:
  - Choosing the same measures for different program measure sets
  - Coordinating quality measurement stakeholder involvement efforts and opportunities for public input
  - Identifying ways to minimize multiple submission requirements and mechanisms

Alignment Among Programs (cont'd)

- Lessen provider burden
- Harmonize with data exchange priorities
- Support primary goal of all CMS quality measurement programs
  - Transforming our health care system to provide:
    - Higher quality care
    - Better health outcomes
    - Lower cost through improvement

CQM Priorities

- Making care safer by reducing harm caused in the delivery of care.
- Ensuring that each person and family are engaged as partners in their care.
- Promoting effective communication and coordination of care.

CQM Priorities (cont'd)

- Promoting the most effective prevention and treatment practices for the leading causes of mortality, starting with cardiovascular disease.
- Working with communities to promote wide use of best practices to enable healthy living.
- Making quality care more affordable for individuals, families, employers, and governments by developing and spreading new health care delivery models.

CQM - Domains

- Patient and Family Engagement
- Patient Safety
- Care Coordination
- Population and Public Health
- Efficient Use of Healthcare Resources
- Clinical Processes/Effectiveness

CQM – Changes from July 28, 2010 Final Rule

2010 Final Rule

Eligible Professionals

3 core OR 3 alt. core CQMs

plus

3 menu CQMs

6 total CQMs

Eligible Hospitals & CAHs

15 total CQMs

Align with ONC's 2011 Edition Certification

2012 Proposed Rule

Eligible Professionals

1a) 12 CQMs (≥1 per domain)

1b) 11 core + 1 menu CQMs

2) PQRS

Group Reporting

12 total CQMs

Eligible Hospitals & CAHs

24 CQMs (≥1 per domain)

24 total CQMs

Align with ONC's 2014 Edition Certification

http://www.cms.gov/EHRIncentivePrograms/

CQM Reporting in 2013 EPs & Hospitals

- CQMs will remain the same through 2013
  - As published in the July 28, 2010 Final Rule
- Electronic specifications for the CQMs will be updated
- Reporting Methods:
  1) Attestation
  2) 2012 Electronic Reporting Pilots extended to 2013
  3) Medicaid – State-based e-submission

CQM Reporting for EPs Beginning in CY2014

- EHR Incentive Program Only
  - Option 1a: 12 CQMs, ≥1 from each domain
  - Option 1b: 11 “core” CQMs + 1 “menu” CQM
  - Medicaid – State based e-submission
  - Aggregate XML-based format specified by CMS
- EHR Incentive Program + PQRS
  - Option 2: Submit and satisfactorily report CQMs under PQRS EHR Reporting option using CEHRT
  - Requirements for PQRS are in CY 2012 Medicare Physician Fee Schedule final rule (76 FR 73314)

CQM Reporting for EPs Beginning in CY2014

- Group Reporting (3 options):

(1) ≥ 2 EPs, each with a unique NPI under one TIN	Submit 12 CQMs from EP measures table, ≥1 from each domain
(2) EPs in an ACO (Medicare Shared Savings Program)	Satisfy requirements of Medicare Shared Savings Program using Certified EHR Technology
(3) EPs satisfactorily reporting via PQRS GPRO option	Satisfy requirements of PQRS GPRO option using Certified EHR Technology

Core CQMs for EPs

CMS selected the CQMs for the proposed core set based on analysis of several factors:

- Conditions that contribute to the morbidity and mortality of the most Medicare and Medicaid beneficiaries
- Conditions that represent national public/ population health priorities
- Conditions that are common to health disparities

Core CQMs for EPs (cont'd)

- Conditions that disproportionately drive healthcare costs and could improve with better quality measurement
- Measures that would enable CMS, States, and the provider community to measure quality of care in new dimensions, with a stronger focus on parsimonious measurement
- Measures that include patient and/or caregiver engagement

CQM Reporting for Hospitals Beginning in FY2014

- 24 CQMs, ≥1 from each domain
  - Includes 15 CQMs from July 28, 2010 Final Rule
  - Considering instituting a case number threshold exemption for some hospitals
- Reporting Methods
  1) Aggregate XML-based format specified by CMS
  2) Manner similar to 2012 Medicare EHR Incentive Program Electronic Reporting Pilot
     - Requirements for pilot in CY 2012 Outpatient Prospective Payment System (76 FR 74122)

Medicare Only

EPs, Subsection (d) Hospitals and CAHs

PAYMENT ADJUSTMENTS

Payment Adjustments

- The HITECH Act stipulates that for Medicare EP, subsection (d) hospitals and CAHs a payment adjustment applies if they are not a meaningful EHR user.
- An EP, subsection (d) hospital or CAH becomes a meaningful EHR user when they successfully attest to meaningful use under either the Medicare or Medicaid EHR incentive program
- As adopt, implement and upgrade does not constitute meaningful use, a provider receiving a Medicaid incentive for AIU would still be subject to the Medicare payment adjustment.

EP Payment Adjustments

% ADJUSTMENT ASSUMING LESS THAN 75 PERCENT OF EPs ARE MEANINGFUL EHR USERS FOR CY 2018 AND SUBSEQUENT YEARS

	2015	2016	2017	2018	2019	2020+
EP is not subject to the payment adjustment for e-Rx in 2014	99%	98%	97%	96%	95%	95%
EP is subject to the payment adjustment for e-Rx in 2014	98%	98%	97%	96%	95%	95%

% ADJUSTMENT ASSUMING MORE THAN 75 PERCENT OF EPs ARE MEANINGFUL EHR USERS FOR CY 2018 AND SUBSEQUENT YEARS

	2015	2016	2017	2018	2019	2020+
EP is not subject to the payment adjustment for e-Rx in 2014	99%	98%	97%	97%	97%	97%
EP is subject to the payment adjustment for e-Rx in 2014	98%	98%	97%	97%	97%	97%

EP EHR Reporting Period

EP who has demonstrated meaningful use in 2011 or 2012

Payment Adjustment Year	2015	2016	2017	2018	2019	2020
Full Year EHR Reporting Period	2013	2014	2015	2016	2017	2018

EP who demonstrates meaningful use in 2013 for the first time

Payment Adjustment Year	2015	2016	2017	2018	2019	2020
90 day EHR Reporting Period	2013					
Full Year EHR Reporting Period		2014	2015	2016	2017	2018

EP EHR Reporting Period

EP who demonstrates meaningful use in 2014 for the first time

Payment Adjustment Year	2015	2016	2017	2018	2019	2020
90 day EHR Reporting Period	2014*	2014				
Full Year EHR Reporting Period			2015	2016	2017	2018

*In order to avoid the 2015 payment adjustment the EP must attest no later than Oct 1, 2014 which means they must begin their 90 day EHR reporting period no later than July 2, 2014

EP Hardship Exemption

Proposed Exemptions on an application basis

- Insufficient internet access two years prior to the payment adjustment year
- Newly practicing EPs for two years
- Extreme circumstances such as unexpected closures, natural disaster, EHR vendor going out of business, etc.

Applications need to be submitted no later than July 1 of year before the payment adjustment year; however, we encourage earlier submission

EP Hardship Exemption

Other Possible Exemption Discussed in NPRM

- Concerned that the combination of 3 barriers would constitute a significant hardship
  - Lack of direct interaction with patients
  - Lack of need for follow-up care for patients
  - Lack of control over the availability of Certified EHR Technology
- We do not believe any one of these barriers taken independently constitutes a significant hardship
- In our discussion we consider whether any specialty may nearly uniformly face all 3 barriers

Subsection (d) Hospital Payment Adjustments

% Decrease in the Percentage Increase to the IPPS Payment Rate that the hospital would otherwise receive for that year

	2015	2016	2017	2018	2019	2020+
% Decrease	25%	50%	75%	75%	75%	75%

For example if the increase to IPPS for 2015 was 2% than a hospital subject to the payment adjustment would only receive a 1.5% increase

Subsection (d) Hospital EHR Reporting Period

Hospital who has demonstrated meaningful use in 2011 or 2012 (fiscal years)

Payment Adjustment Year	2015	2016	2017	2018	2019	2020
Full Year EHR Reporting Period	2013	2014	2015	2016	2017	2018

Hospital who demonstrates meaningful use in 2013 for the first time

Payment Adjustment Year	2015	2016	2017	2018	2019	2020
90 day EHR Reporting Period	2013					
Full Year EHR Reporting Period		2014	2015	2016	2017	2018

Subsection (d) Hospital EHR Reporting Period

Hospital who demonstrates meaningful use in 2014 for the first time

Payment Adjustment Year	2015	2016	2017	2018	2019	2020
90 day EHR Reporting Period	2014*	2014				
Full Year EHR Reporting Period			2015	2016	2017	2018

*In order to avoid the 2015 payment adjustment the hospital must attest no later than July 1, 2014 which means they must begin their 90 day EHR reporting period no later than April 1, 2014

Subsection (d) Hospital Hardship Exemption

Proposed Exemptions on an application basis

- Insufficient internet access two years prior to the payment adjustment year
- New hospitals for at least 1 full year cost reporting period
- Extreme circumstances such as unexpected closures, natural disaster, EHR vendor going out of business, etc.

Applications need to be submitted no later than April 1 of year before the payment adjustment year; however, we encourage earlier submission

Critical Access Hospital (CAH) Payment Adjustments

Applicable % of reasonable costs reimbursement which absent payment adjustments is 101%

	2015	2016	2017	2018	2019	2020+
% of reasonable costs	100.66%	100.33%	100%	100%	100%	100%

CAH EHR Reporting Period

CAH who has demonstrated meaningful use prior to 2015 (fiscal years)

Payment Adjustment Year	2015	2016	2017	2018	2019	2020
Full Year EHR Reporting Period	2015	2016	2017	2018	2019	2020

CAH who demonstrates meaningful use in 2015 for the first time

Payment Adjustment Year	2015	2016	2017	2018	2019	2020
90 day EHR Reporting Period	2015					
Full Year EHR Reporting Period		2016	2017	2018	2019	2020

CAH Hardship Exemption

Proposed Exemptions on an application basis

- Insufficient internet access for the payment adjustment year
- New CAHs for one year after they accept their first patient
- Extreme circumstances such as unexpected closures, natural disaster, EHR vendor going out of business, etc.

Medicare

APPEALS

Appeals - Types

- Eligibility Appeals
  - Provider has met all the program requirements and should have received an incentive but could not because of a circumstance outside the provider's control
- Meaningful Use Appeals
  - Provider has shown that he or she used certified EHR technology and met the meaningful use objectives and associated measures after a successful attestation.
- Incentive Payment Appeals (Medicare EPs only)
  - Provider has shown that he or she provided claims data not used in determining the incentive payment amount

Appeals – Filing Requirements

- Deadlines
  - Eligibility – 30 days after the 2 month period following the payment year
  - Meaningful Use - 30 days from the date of the demand letter or other finding that could result in the recoupment of an EHR incentive payment
  - Incentive Payment - 60 days from the date the incentive payment was issued or 60 days from any Federal determination that the incentive payment calculation was incorrect

Appeals - Process

- Provider must present all relevant issues at the time of the initial filing of an appeal
- An appeal in considered inchoate or premature if CMS still has an opportunity to resolve the issue. A provider is still permitted to file the same appeal again if the issue is not resolved by the program deadlines
- Appeals have two levels: (1) an informal review that is completed within 90 days from the date of filing, and (2) a reconsideration review that can be requested if the provider does not prevail in the informal review.
- Providers dissatisfied can file a request for reconsideration with comments and documentation supporting the reconsideration within 15 days of the initial determination.

Appeals References & Contacts

- For any Appeals-related questions, contact:
- Appeals Support Contractor
  - Email: OCSQAppeals@provider-resources.com
  - Toll-free: 855-796-1515
- CMS
  - Douglas Brown (douglas.brown@cms.hhs.gov)
  - Lawrence Clark (lawrence.clark@cms.hhs.gov)
- Website: https://www.cms.gov/QualityMeasures/05_EHRIncentiveProgramAppeals.asp

MEDICAID-SPECIFIC CHANGES

Medicaid- Specific Changes

- Proposed an expanded definition of a Medicaid encounter:
  - To include any encounter with an individual receiving medical assistance under 1905(b), including Medicaid expansion populations
  - To permit inclusion of patients on panels seen within 24 months instead of just 12
  - To permit patient volume to be calculated from the most recent 12 months, instead of on the CY
  - To include zero-pay Medicaid claims

Medicaid-Specific Changes Continued

- Proposed the inclusion of additional children's hospitals that do not have a CMS Certification Number (CCN)
- Proposed to extend States' flexibility with the definition of meaningful use to Stage 2

REGISTRATION & ATTESTATION

Register and Attest for the EHR Incentive Programs

- Visit the CMS EHR Incentive Programs website to,
  - Register for the EHR Incentive Programs
  - Attest for the *Medicare* EHR Incentive Programs

https://www.cms.gov/EHRIncentivePrograms/

Medicare EPs Before You Register

Eligible Professional should have the following:

- National Provider Identifier (NPI)
- National Plan and Provider Enumeration System (NPPES) web user account
- Be currently enrolled in Provider Enrollment, Chain and Ownership System (PECOS)
  - If you are not enrolled in PECOS then you should still register for the EHR Incentive Program
- Payee NPI (if you are reassigning your benefits)

Medicaid EPs Before You Register

Eligible Professional should have the following:

- National Provider Identifier (NPI)
- National Plan and Provider Enumeration System (NPPES) web user account

Hospitals Before you Register

- National Provider Identifier (NPI)
- Identification and Authentication (I&A) User ID and Password
- Be currently enrolled in Provider Enrollment, Chain and Ownership System (PECOS)
- CMS Certification Number (CCN)

Dually Eligible Hospitals

- Dually-eligible hospitals should select "Both Medicare and Medicaid" from the start of registration in order to maintain this program option.

- Hospitals that register only for the Medicare OR Medicaid program not be able to manually change their registration.

EHR Incentive Programs Website

U.S. Department of Health & Human Services | www.hhs.gov

CMS Centers for Medicare & Medicaid Services | Search now | Search

Home | Medicare | Medicaid | CHIP | About CMS | Regulations & Guidance | Research, Statistics, Data & Systems | Outreach & Education | Tools

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EHR Incentive Programs

- **Overview**
- Path to Payment
- Eligibility
- Registration and Attestation
- Certified EHR Technology
- Meaningful Use
- Medicare and Medicaid EHR Incentive Program Basics
- Medicaid State Information
- Medicare Advantage
- Spotlight and Upcoming Events
- Educational Materials
- EHR Incentive Program Regulations and Notices
- CMS EHR Incentive Programs Listserv
- Frequently Asked Questions (FAQs)

Overview

The Official Web Site for the Medicare and Medicaid Electronic Health Records (EHR) Incentive Programs

The Medicare and Medicaid EHR Incentive Programs will provide incentive payments to eligible professionals, eligible hospitals and critical access hospitals (CAHs) as they adopt, implement, upgrade or demonstrate meaningful use of certified EHR technology.

Registration for the Medicare and Medicaid EHR Incentive Program is now open. Participate early to get the maximum incentive payments!

Check on the links below for up-to-date, detailed information about the Electronic Health Record (EHR) Incentive Programs.

- Use the Path to Payment page to find out how to participate in these programs.
- Overview of the Medicare EHR Incentive Program.
- Overview of the Medicaid EHR Incentive Program.
- Calendar of important dates.
- Downloads and related links.

Electronic Health Record (EHR) or Electronic Medical Record (EMR)?

http://www.cms.gov/EHRIncentivePrograms/

Registration Link and Registration User Guides

CMS Centers for Medicare & Medicaid Services

Search now | Search

Home | Medicare | Medicaid | CHIP | About CMS | Regulations & Guidance | Research, Statistics, Data & Systems | Outreach & Education | Tools

People with Medicare & Medicaid | Questions | Careers | Newsroom | Contact CMS | Acronyms | Help | Email | Print

CMS Home > Regulations and Guidance > EHR Incentive Programs > Registration and Attestation

EHR Incentive Programs

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- Certified EHR Technology
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- Medicaid State Information
- Medicare Advantage
- Spotlight and Upcoming Events
- Educational Materials
- EHR Incentive Program Regulations Notices
- CMS EHR Incentive Programs erv
- Frequently Asked Questi Qs)

Registration and Attestation

Registration for the Medicare and Medicaid EHR Incentive Programs is now open.
We encourage providers to register for the Medicare and/or Medicaid EHR Incentive Program(s) as soon as possible. You can register before you have a certified EHR. Register even if you do not have an enrollment record in PECOS.

Register for the Medicare and/or Medicaid EHR Incentive Programs

Below are step-by-step guides to help you register for EHR Incentive Programs. Choose the guide that fits your needs:

- Registration User Guide for Eligible Professionals – Medicare Electronic Health Record (EHR) Incentive Program.
- Registration User Guide for Eligible Professionals – Medicaid Electronic Health Record (EHR) Incentive Program.
- Registration User Guide for Eligible Hospitals – Medicare and Medicaid Electronic Health Record (EHR) Incentive Program.
- Medicare and Medicaid EHR Incentive Program Webinar for Eligible Professionals - This tutorial video will provide Eligible Professionals with a step-by-step guide to help ensure the registration process is a success.
  - A transcript of this webinar is available.

Note: Although the Medicaid EHR Incentive Programs opened in January 2011, some states states are not ready to participate. Information on when registration will be available for Medicaid EHR Incentive Programs in specific States is posted at Medicaid State Information.

What can you do now for the Medicare and Medicaid EHR Incentive Programs?

What information will you need when you register?

Registration User Guides

http://www.cms.gov/EHRIncentivePrograms/

EHR Incentive Program Registration Module - Login

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.
- 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.

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:

LOG IN

Enter the NPPES web User ID and Password

User ID and Password are case sensitive

Medicare & Medicaid EHR Incentive Program Registration and Attestation System

Home | Help | Log Out

Home | Registration | Attestation | Status | Account Management

Welcome Nichole Davick

Last Successful Login: 03/22/2011 | Unsuccessful Login Attempts: 0

Notifications

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

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

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

Instructions

Select any tab to continue.

Registration Tab

Please select the Registration tab above to perform any of the following actions:

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

Tabs will guide users through each phase

Medicare & Medicaid EHR Incentive Program Registration and Attestation System

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Registrations

Registration Instructions

Welcome to the Registration Page.

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

Register	Register for the EHR Incentive Programs Continue an incomplete registration
Modify	Modify Existing Registration Switch Incentive Programs (Medicare/Medicaid) Switch Medicaid State
Cancel	Discontinue participation in the Medicare & Medicaid EHR incentive programs
Reactivate	Reactivate a previously canceled registration
Resubmit	Resubmit a registration that was previously deemed ineligible.

Registration Selection

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

Name	Tax Identifier	National Provider Identifier (NPI)	Incentive Type	Registration Status	Action
Nichole Davick	XXX-XX-2454 (SSN)	1174853675	Medicare	In Progress	Register

http://www.cms.gov/EHRIncentivePrograms/

Registration

ELIGIBLE PROFESSIONALS

Home | Registration | Attestation | Status | Account Management

EHR Incentive Program

Incentive Program Questionnaire

(*) Red asterisk indicates a required field.

Not sure which incentive program to select? For information on the requirements and the differences between the Medicare and Medicaid EHR incentive programs visit the CMS Website

* Please select your Incentive Program

Medicare Medicaid APPLY

Note: Medicare EPs cannot receive both Medicare EHR and e-Prescribing incentive payments.

* Please select your Eligible Professional Type: Doctor of Medicine or Osteopathy

The EHR incentive programs require the use of EHR technology certified for this program. For more information about certified EHRs, visit the CMS Website

* Do you have a certified EHR?

Note: A certified EHR is not required to complete the registration process, but an EHR Certification Number will be required when you attest for payment.

Yes No

EHR Certification Number (Optional):

What is an EHR Certification Number?

PREVIOUS PAGE SAVE AND CONTINUE

SELECT
- Program type
- Provider type
- EHR Certification Number (optional at registration)

For the certified health IT product list visit; **http://healthit.hhs.gov/CHPL**

Home | Registration | Attestation | Status | Account Management

Personal Information

Name

First Name: Nichole

Middle Name:

Last Name: Davick

Suffix:

Identifiers

(*) Red asterisk indicates a required field.

Please note, the tax identification number (TIN) captured below will receive the EHR incentive payment.

Social Security Number (SSN): XXX-XX-2454 (SSN)

National Provider Number (NPI): 123456789

*** Payee TIN Type:** SSN APPLY

PREVIOUS PAGE | SAVE AND CONTINUE

Identifiers

(*) Red asterisk indicates a required field.

Please note, the tax identification number (TIN) captured below will receive the EHR incentive payment.

Social Security Number (SSN): XXX-XX-3458 (SSN)

National Provider Number (NPI): 123456789

***Payee TIN Type:** EIN APPLY

***Group Name:** Select APPLY

Sunset Physicians, Inc.
Pacific Providers

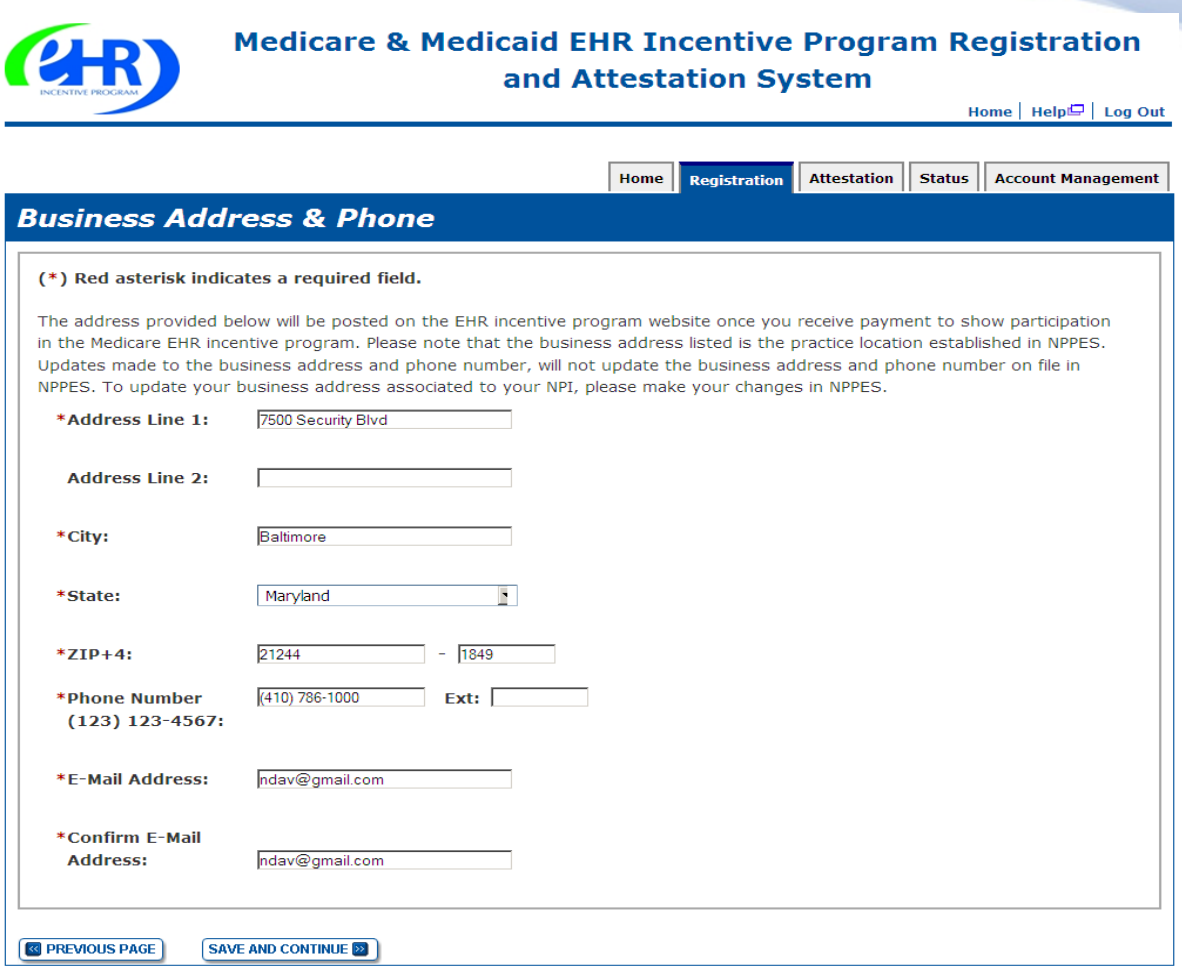
Payee TIN:

***Payee NPI:**

Medicare Information is pulled from PECOS

Select where your payment will go in the Payee TIN Type.
SSN = provider receives EIN = group receives
Enter the Payee NPI

http://www.cms.gov/EHRIncentivePrograms/



Address will be posted on the program website once you receive payment

Home | Registration | Attestation | Status | Account Management

Registration Disclaimer

General Notice

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

Accept, Agree and Submit

I certify that the foregoing information is true, accurate, and complete. I understand that the Medicare/Medicaid EHR Incentive Program payment I requested will be paid from Federal funds, that by filing this registration 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/Medicaid 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 registering 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 registering 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 registering.

I hereby agree to keep such records as are necessary to demonstrate that I met all Medicare/Medicaid 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/Medicaid EHR Incentive Program payment may be paid unless this registration 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.

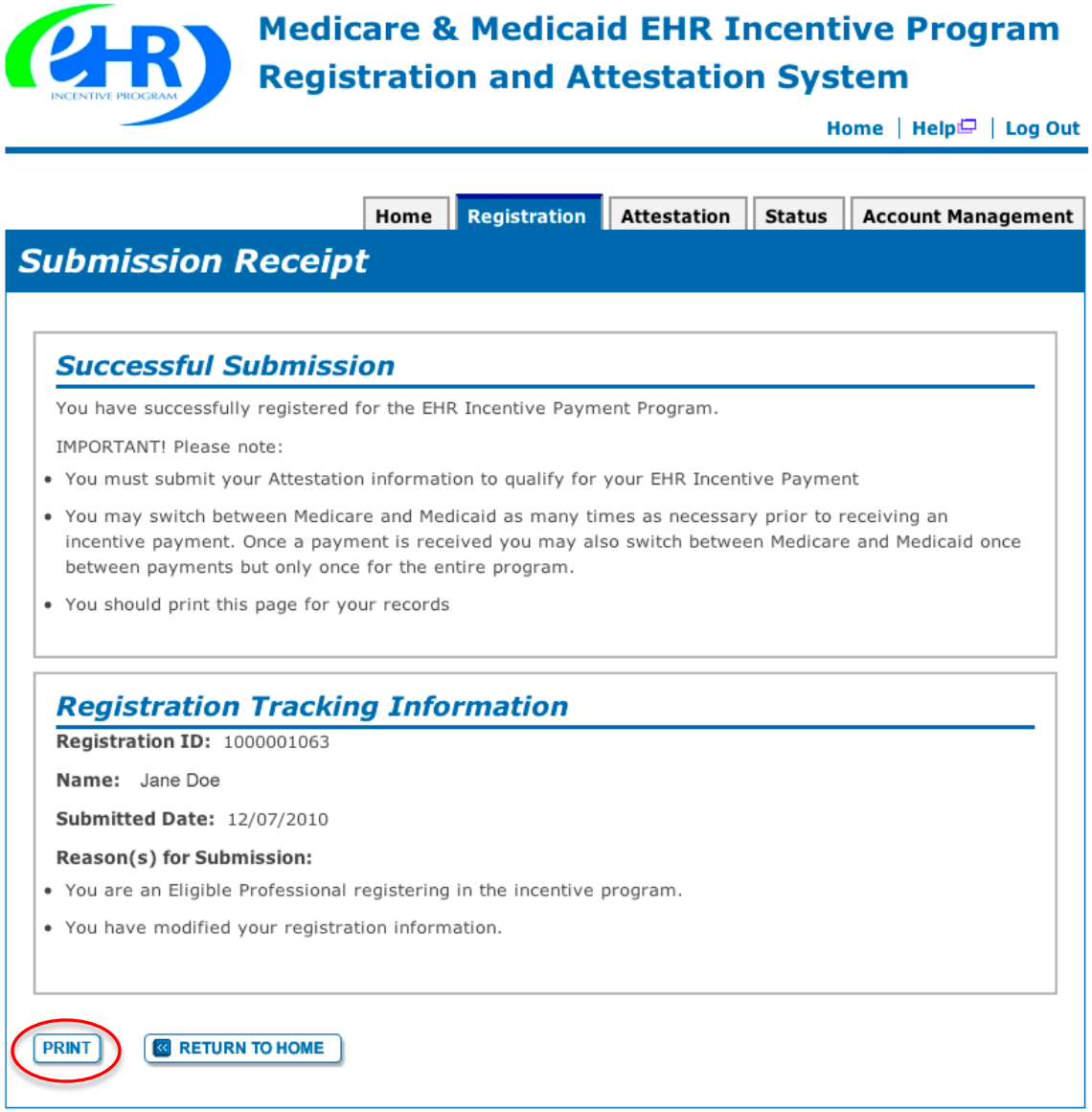
ROUTINE USE(S): Information from this Medicare/Medicaid EHR Incentive Program registration form and subsequently submitted information and documents may be given to the Internal Revenue Service, private collection agencies, and consumer reporting agencies in connection with recoupment of any overpayment 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/Medicaid 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/Medicaid 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/Medicaid EHR Incentive Program. The Patient Protection and Affordable Care Act, Section 6402, Section 1128J, provides penalties for withholding this information.

AGREE | DISAGREE

Read the Registration Disclaimer and choose AGREE or DISAGREE



Medicare & Medicaid EHR Incentive Program
Registration and Attestation System

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Home | Registration | Attestation | Status | Account Management

Submission Receipt

Successful Submission

You have successfully registered for the EHR Incentive Payment Program.

IMPORTANT! Please note:

- You must submit your Attestation information to qualify for your EHR Incentive Payment
- You may switch between Medicare and Medicaid as many times as necessary prior to receiving an incentive payment. Once a payment is received you may also switch between Medicare and Medicaid once between payments but only once for the entire program.
- You should print this page for your records

Registration Tracking Information

Registration ID: 1000001063

Name: Jane Doe

Submitted Date: 12/07/2010

Reason(s) for Submission:

- You are an Eligible Professional registering in the incentive program.
- You have modified your registration information.

PRINT | RETURN TO HOME

This completes your registration

Print the receipt for your records

Switching between Programs

Eligible Professionals may switch programs once after having received an incentive payment, but the switch must occur before 2015

Home | Registration | Attestation | Status | Account Management

EHR Incentive Program

Incentive Program Questionnaire

(*) Red asterisk indicates a required field.

Not sure which incentive program to select? For information on the requirements and the differences between the Medicare and Medicaid EHR incentive programs visit the CMS Website

*Please select your Incentive Program
○ Medicare ◉ Medicaid APPLY

Note: Medicare EPs cannot receive both Medicare EHR and e-Prescribing incentive payments.

*Medicaid State/Territory: Select Why is my state not here?

*Please select your Eligible Professional Type:
Select

The EHR incentive programs require the use of EHR technology certified for this program. For more information about certified EHRs, visit the CMS Website

*Do you have a certified EHR?
○ Yes ◉ No

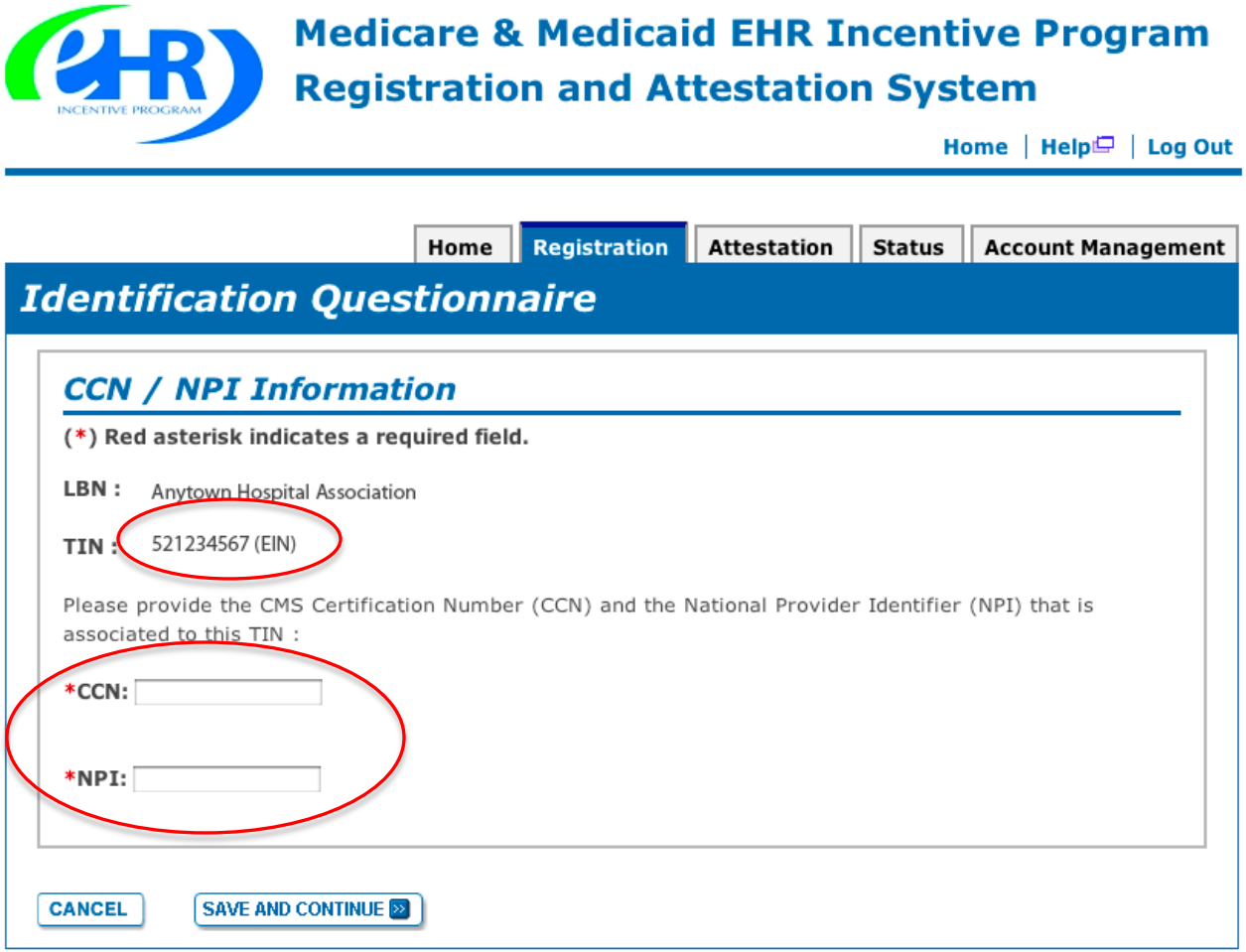
Note: A certified EHR is not required to complete the registration process, but an EHR Certification Number will be required when you attest for payment.

PREVIOUS PAGE | SAVE AND CONTINUE

http://www.cms.gov/EHRIncentivePrograms/

Registration

HOSPITALS



Enter your

- CCN
- NPI

that are associated to this Tax Identification Number (TIN)

Both Medicare & Medicaid Eligible Hospital

SELECT

- ✓ Program type
- ✓ Medicaid State/Territory
- ✓ Medicaid Hospital type
- ✓ Medicare Hospital type
- ✓ Yes or No to 'Do you have a certified EHR?'
- ✓ EHR Certification Number (optional at registration)

For the certified health IT product list visit; **http://healthit.hhs.gov/CHPL**

Home | Registration | Attestation | Status | Account Management

EHR Incentive Program

Incentive Program Questionnaire

(*) Red asterisk indicates a required field.

Not sure which incentive program to select? For information on the requirements and the differences between the Medicare and Medicaid EHR incentive programs visit the CMS Website

*Please select your Incentive Program
○ Medicare ○ Medicaid ◉ Both Medicare & Medicaid APPLY

*Medicaid State/Territory: Select Why is my state not here?

*My Medicaid hospital is a: Select

*My Medicare hospital is a: Select

The EHR incentive programs require the use of EHR technology certified for this program. For more information about certified EHRs, visit the CMS Website.

*Do you have a certified EHR?
○ Yes ◉ No

Note: A certified EHR is not required to complete the registration process, but an EHR Certification Number will be required when you attest for payment.

PREVIOUS PAGE SAVE AND CONTINUE

http://www.cms.gov/EHRIncentivePrograms/

Medicare Eligible Hospital

SELECT

- ✓ Program type
- ✓ Medicare Hospital type
- ✓ Yes or No to 'Do you have a certified EHR?'
- ✓ EHR Certification Number (optional at registration)

For the certified health IT product list visit; **http://healthit.hhs.gov/CHPL**

Medicare & Medicaid EHR Incentive Program Registration and Attestation System

Home | Help | Log Out

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EHR Incentive Program

Incentive Program Questionnaire

(*) Red asterisk indicates a required field.

Not sure which incentive program to select? For information on the requirements and the differences between the Medicare and Medicaid EHR incentive programs visit the CMS Website

Medicare | Medicaid | Both Medicare & Medicaid | APPLY | * Please select your Incentive Program

* My Medicare hospital is a: Subsection (d) Hospitals

The EHR incentive programs require the use of EHR technology certified for this program. For more information about certified EHRs, visit the CMS Website.

* Do you have a certified EHR?

Yes | No

Note: A certified EHR is not required to complete the registration process, but an EHR Certification Number will be required when you attest for payment.

EHR Certification Number (Optional): PQRSTUVWXYZ1234

What is an EHR Certification Number?

PREVIOUS PAGE | SAVE AND CONTINUE

Business Address & Phone

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Business Address & Phone

(*) Red asterisk indicates a required field.

The address provided below will be posted on the EHR incentive program website once you receive payment to show participation in the Medicare EHR incentive program. Please note that the business address listed is the practice location established in NPPES. Updates made to the business address and phone number, will not update the business address and phone number on file in NPPES. To update your business address associated to your NPI, please make your changes in NPPES.

*Address Line 1:	123 Main Street
Address Line 2:	
*City:	Anytown
*State:	Maryland
*ZIP+4:	21111 - 1424
*Phone Number (123) 123-4567:	5551212 Ext:
*E-Mail Address:	MSH@C.com
*Confirm E-Mail Address:	MSH@C.com

PREVIOUS PAGE | SAVE AND CONTINUE

http://www.cms.gov/EHRIncentivePrograms/

Registration Disclaimer

Read the Registration Disclaimer and choose AGREE or DISAGREE

Home | Registration | Attestation | Status | Account Management

Registration Disclaimer

General Notice

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

Accept, Agree and Submit

I certify that the foregoing information is true, accurate, and complete. I understand that the Medicare/Medicaid EHR Incentive Program payment I requested will be paid from Federal funds, that by filing this registration 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/Medicaid 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 registering 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 registering 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 registering.

I hereby agree to keep such records as are necessary to demonstrate that I met all Medicare/Medicaid 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/Medicaid EHR Incentive Program payment may be paid unless this registration 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/Medicaid 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/Medicaid 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/Medicaid 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/Medicaid EHR Incentive Program. The Patient Protection and Affordable Care Act, Section 6402, Section 1128J, provides penalties for withholding this information.

AGREE | DISAGREE

Submission Receipt

This completes your registration

Print the receipt for your records

Medicare & Medicaid EHR Incentive Program Registration and Attestation System

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Submission Receipt

Successful Submission

You have successfully registered for the EHR Incentive Payment Program.

IMPORTANT! Please note:

- You must submit your Attestation information to qualify for your EHR Incentive Payment.
- You may switch between Medicare and Medicaid as many times as necessary prior to receiving an incentive payment. Once a payment is received you may also switch between Medicare and Medicaid once between payments but only once for the entire program.
- You should print this page for your records.

Registration Tracking Information

Registration ID: 1000001194

LBN: Main Street Hospital

Submitted Date: 03/24/2011

Submitted By: Authorized User

Reason(s) for Submission:

- You are an Eligible Hospital registering in the incentive program.
- You have modified your registration information.

PRINT | RETURN TO HOME

Both Medicare & Medicaid Hospitals

Dually-eligible hospitals or Medicaid-only hospitals must also enroll with their States.

Your State Medicaid Agency will need to collect and verify additional eligibility information.

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Submission Receipt

Successful Submission

You have successfully registered for the EHR Incentive Payment Program.

IMPORTANT! Please note:

- If you are a Medicaid provider, your State Medicaid Agency will need to collect and verify additional eligibility information. After 24 hours, please continue your registration using your State's eligibility verification tool. You can find your State here .Your State will also collect any information to support a program attestation for Medicaid providers (i.e., Medicaid providers will not use the attestation feature on this site). Your State Medicaid Agency may also contact you through the email and/or street addresses you provided in this registration to explain how to continue the eligibility process.
- You may switch between Medicaid and Medicare any time prior to your payment being initiated. This means that when [Medicare or the State Medicaid Agency] begins calculating and disbursing your payment, you will be unable to switch between Medicaid and Medicare.

Registration Tracking Information

Registration ID: 1000000746

LBN: Any Hospital, Inc.

Submitted Date: 12/14/2010

Submitted By: Authorized Official

Reason(s) for Submission:

- You are an Eligible Hospital registering in the incentive program.
- You have modified your registration information.

PRINT | RETURN TO HOME

http://www.cms.gov/EHRIncentivePrograms/

Failed Submission

You will receive a message if your submission failed

Follow the instructions on the receipt to resolve the problem

Medicare & Medicaid EHR Incentive Program
Registration and Attestation System

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Submission Receipt

Failed Submission

Your Registration for the EHR Incentive Payment Program has not been accepted. Please read the instructions below.

- The Provider type you selected for this registration does not match with a Provider specialty on any of your Medicare Enrollments in PECOS. This registration will remain in an Issue Pending status until the issue has been addressed. You may visit PECOS to view or update your Medicare enrollment information.

Registration Tracking Information

Registration ID: 1000000746

LBN: Morton Plant Hospital Association, Inc.

Submitted Date: 12/14/2010

Submitted By: Authorized Official

Reason(s) for Submission:

- You are an Eligible Hospital registering in the incentive program.
- You have modified your registration information.

PRINT | RETURN TO HOME

General

ATTESTATION

Attestation

- For most meaningful use objectives, attestation remains the same
- In 2014, we are moving towards electronic submission of CQMs using an upload process instead of manual entry in into the attestation system for everyone in a full year EHR reporting period regardless of Stage of meaningful use

Medicare Attestation Instructions

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Medicare 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
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	National Provider Identifier (NPI)	Medicare Attestation Status	Program Year	Payment Year	Action
Jane Doe	52-123456	123456789		-	-	Attest

There are five attestation actions

Choose ATTEST to begin the attestation process

Medicare & Medicaid EHR Incentive Program Registration and Attestation System

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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. The Alternate Core Clinical Quality Measure (CQM) is only required if any Core CQM has a denominator of zero. Select the START ATTESTATION button to begin your attestation. The system will show checks for each item when completed.

Completed	Topics
–	Attestation Information
–	Meaningful Use Core Measures
–	Meaningful Use Menu Measures
–	Core Clinical Quality Measures
N/A	Alternate Core Clinical Quality Measures
–	Additional Clinical Quality Measures

Note:

When all topics are marked as completed or N/A, please select the PROCEED WITH ATTESTATION button to complete the attestation process.

PREVIOUS PAGE | START ATTESTATION | PROCEED WITH ATTESTATION

In order to complete your attestation you must complete ALL of the topics
Select START ATTESTATION to begin

Attestation Information

Medicare & Medicaid EHR Incentive Program Registration and Attestation System

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Attestation Information

Attestation Information

(*) Red asterisk indicates a required field.

Name: John Doe

TIN: XXX-XX-3829 (SSN)

Please provide your EHR certification number:

***EHR Certification Number:** fh5jbk05js6rmgk How do I find my EHR certification number?

Note: If an EHR Certification Number is displayed, please verify that it is accurate.

Please provide the EHR reporting period associated with this attestation:

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

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

EHR reporting period

Please select the **SAVE AND CONTINUE** button to go to the next step in the attestation process.

PREVIOUS PAGE | SAVE AND CONTINUE

Enter the EHR Certification Number and the EHR reporting period for this attestation

To obtain your EHR Certification Number visit,

Office of the National Coordinator for Health IT (ONC) website

http://healthit.hhs.gov/chpl

Meaningful Use Core Measures

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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

There are 15 meaningful use core measures

Some measures require selection between All Patients and Patients whose records are in CEHRT. This distinction is proposed to be removed for those in Stage 2.

http://www.cms.gov/EHRIncentivePrograms/

Meaningful Use Core Measure

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Meaningful Use Core Measures

Questionnaire: (4 of 15)

(*) Red asterisk indicates a required field.

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

Measure: More than 40% of all permissible prescriptions written by the EP are transmitted electronically using certified EHR technology.

*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**

Complete the following information:

Numerator Number of prescriptions in the denominator generated and transmitted electronically.

Denominator Number of prescriptions written for drugs requiring a prescription in order to be dispensed other than controlled substances during the EHR reporting period.

***Numerator:** 120 ***Denominator:** 125

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

PREVIOUS PAGE | SAVE AND CONTINUE

Providers can be excluded from meeting an objective if they meet the requirements of the exclusion

http://www.cms.gov/EHRIncentivePrograms/

Meaningful Use Core Measures

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Meaningful Use Core Measures

Questionnaire: (11 of 15)

(*) Red asterisk indicates a required field.

Objective: Implement one clinical decision support rule relevant to specialty or high clinical priority along with the ability to track compliance to that rule.

Measure: Implement one clinical decision support rule.

Complete the following information:

◉ Yes ○ No

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

PREVIOUS PAGE | SAVE AND CONTINUE

These objectives must be reported and there are no exclusions to reporting these measures

http://www.cms.gov/EHRIncentivePrograms/

Meaningful Use Core Measures

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Meaningful Use Core Measures

Questionnaire: (7 of 15)

(*) Red asterisk indicates a required field.

Objective: Record all of the following demographics:

- preferred language
- gender
- race
- ethnicity
- date of birth

Measure: More than 50% of all unique patients seen by the EP have demographics recorded as structured data.

Complete the following information:

Numerator Number of patients in the denominator who have all the elements of demographics (or a specific exclusion if the patient declined to provide one or more elements or if recording an element is contrary to state law) recorded as structured data.

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

***Numerator:** 57 ***Denominator:** 100

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

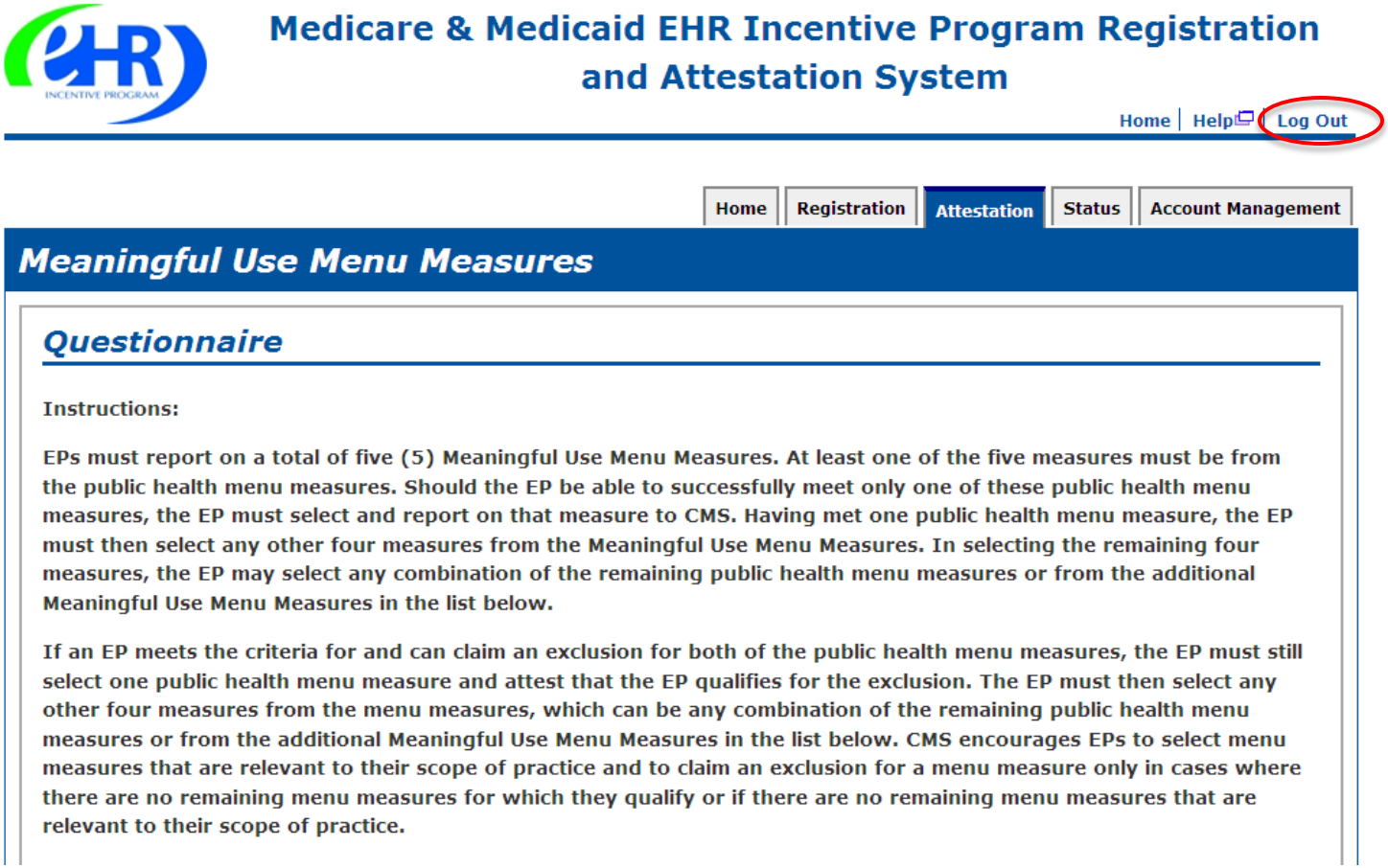
PREVIOUS PAGE | SAVE AND CONTINUE

Enter numerator and denominator for the measure

Numerator and denominator must be positive whole numbers

http://www.cms.gov/EHRIncentivePrograms/

Meaningful Use Menu Measures



Report a total of five menu measures

Note: you may log out at any point during this attestation

Public Health Measures

You must submit at least one Meaningful Use Menu Measure from the public health list 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 receive the information electronically).	☐

Select up to two from the Public Health Measures

Additional Measures

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

Objective	Measure	Select
Implemented drug-formulary checks.	The EP has enabled this functionality and has access to at least one internal or external drug formulary for the entire EHR reporting period.	☐
Incorporate clinical lab-test results into EHR as structured data.	More than 40% of all clinical lab tests results ordered by the EP during the EHR reporting period whose results are in either in a positive/negative or numerical format are incorporated in certified EHR technology as structured data.	☐
Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, or outreach.	Generate at least one report listing patients of the EP with a specific condition.	☐
Send reminders to patients per patient preference for preventive/follow up care.	More than 20% of all unique patients 65 years or older or 5 years old or younger were sent an appropriate reminder during the EHR reporting period.	☐
Provide patients with timely electronic access to their health information (including lab results, problem list, medication lists and allergies) within 4 business days of the information being available to the EP.	At least 10% of all unique patients seen by the EP are provided timely (available to the patient within four business days of being updated in the certified EHR technology) electronic access to their health information subject to the EP's discretion to withhold certain information.	☐
Use certified EHR technology to identify patient-specific education resources and provide those resources to the patient if appropriate.	More than 10% of all unique patients seen by the EP during the EHR reporting period are provided patient-specific education resources.	☐
The EP who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation.	The EP performs medication reconciliation for more than 50% of transitions of care in which the patient is transitioned into the care of the EP.	☐
The EP who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care should provide summary of care record for each transition of care or referral.	The EP who transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 50% of transitions of care and referrals.	☐

Please select the **PREVIOUS PAGE** button to go back to the Topics Page, or the **CONTINUE** button to proceed.

PREVIOUS PAGE CONTINUE

Submit additional menu measure objectives until a total of five menu measures have been selected The numbers for Stage 2 will be updated once finalized

Only the five chosen measures will present on the next five screens

Menu Measure

Numerator and Denominator example

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Meaningful Use Menu Measures

Questionnaire: (4 of 5)

(*) Red asterisk indicates a required field.

Objective: Incorporate clinical lab-test results into EHR as structured data.

Measure: More than 40% of all clinical lab tests results ordered by the EP during the EHR reporting period whose results are in either in a positive/negative or numerical format are incorporated in certified EHR technology as structured data.

EXCLUSION - Based on ALL patient records: Any EP who orders no lab tests whose results are either in a positive/negative or numeric format 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**

You have indicated that you have ordered lab tests with results in either a positive/negative or numeric format during the EHR reporting period. Complete the following information:

Numerator Number of lab test results whose results are expressed in a positive or negative affirmation or as a number which are incorporated as structured data.

Denominator Number of lab tests ordered during the EHR reporting period by the EP whose results are expressed in a positive or negative affirmation or as a number.

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

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

PREVIOUS PAGE | SAVE AND CONTINUE

Summary of Measures
Meaningful Use Core Measure List Table

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Summary of Measures

Meaningful Use Core Measure List Table

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 seen by the EP have at least one medication order entered using CPOE.	Excluded	EDIT
Implement drug-drug and drug-allergy interaction checks	The EP has enabled this functionality for the entire EHR reporting period.	Yes	EDIT
Maintain an up-to-date problem list of current and active diagnoses.	More than 80% of all unique patients seen by the EP have at least one entry or an indication that no problems are known for the patient recorded as structured data.	Numerator = 80 Denominator = 100	EDIT
Generate and transmit permissible prescriptions electronically (eRx).	More than 40% of all permissible prescriptions written by the EP are transmitted electronically using certified EHR technology.	Excluded	EDIT
Maintain active medication list.	More than 80% of all unique patients seen by the EP have at least one entry (or an indication that the patient is not currently prescribed any medication) recorded as structured data.	Numerator = 80 Denominator = 100	EDIT
Maintain active medication allergy list.	More than 80% of all unique patients seen by the EP have at least one entry (or an indication that the patient has no known medication	Numerator = 80 Denominator = 100	EDIT

Edit your entries before attesting

Submission Process: Attestation Statements

Medicare & Medicaid EHR Incentive Program Registration and Attestation System

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Submission Process: Attestation Statements

Attestation Statements

You are about to submit your attestation for EHR Certification Number **123456789123456**.

Please check the box next to each statement below to attest, then select the **AGREE** button to complete your attestation:

- ☐ The information submitted for clinical quality measures was generated as output from an identified certified EHR technology.
- ☐ The information submitted is accurate to the knowledge and belief of the EP.
- ☐ The information submitted is accurate and complete for numerators, denominators, exclusions and measures applicable to the EP.
- ☐ The information submitted includes information on all patients to whom the measure applies.
- ☐ A zero was reported in the denominator of a measure when an EP did not care for any patients in the denominator population during the EHR reporting period.

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

DISAGREE AGREE

Check the box next to each statement to attest
Choose AGREE to complete your attestation

Attestation Disclaimer

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Attestation Disclaimer

General Notice

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

Signature of Eligible Professional

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

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

Read the disclaimer and choose AGREE to continue your attestation

Submission Receipt

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Submission Receipt

Accepted Attestation

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

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

Note: Please print this page for your records. You will not receive an e-mail confirmation of your attestation.

Please select the **SUMMARY OF MEASURES** button below to view all measures and their corresponding calculation/compliance. Select the Status Tab for additional information about your EHR incentive program participation.

Attestation Tracking Information

Attestation Confirmation Number: 1000002373

Name: John Doe

TIN: XXX-XX-6873 (SSN)

NPI: 1234567890

EHR Certification Number: 30000001SVJ6EAK

EHR Reporting Period: 01/12/2011 - 05/19/2011

Attestation Submission Date: 03/16/2011

Reason for Attestation: You are a Medicare Eligible Professional modifying an attestation for the EHR Incentive Program.

Please select the PRINT button to print this page, the SUMMARY OF MEASURES button to view all submitted measures, or the HOME button to go to the Home Page.

PRINT | SUMMARY OF MEASURES | HOME

Print this page for your records

Your attestation is locked and cannot be edited

Rejected Attestation

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Submission Receipt

Rejected Attestation

The EP did not demonstrate meaningful use of certified EHR technology because one or more objectives was not met as indicated by non-compliant measures.

- One or more of the meaningful use core measure calculations did not meet meaningful use minimum standards.
- One or more of the meaningful use menu measures did not meet meaningful use minimum standards.

Please select the **SUMMARY OF MEASURES** button below to view all measures and their corresponding calculation/compliance. Select the Status Tab for additional information about your EHR incentive program participation.

Attestation Tracking Information

Attestation Confirmation Number: 1000002356

Name: John Doe

TIN: XXX-XX-1334 (SSN)

NPI: 1234567890

EHR Certification Number: jf87hdlp09dnvhj

EHR Reporting Period: 01/01/2011 - 04/01/2011

Attestation Submission Date: 03/15/2011

Reason for Attestation: You are a Medicare Eligible Professional modifying an attestation for the EHR Incentive Program.

Please select the PRINT button to print this page, the SUMMARY OF MEASURES button to view all submitted measures, or the HOME button to go to the Home Page.

PRINT | SUMMARY OF MEASURES | HOME

You did not meet one or more of the meaningful use minimum standards

Choose SUMMARY OF MEASURES to review your entries

Summary of Measures
(rejected attestation)

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Summary of Measures

Summary of Meaningful Use Menu Measures

Objective	Measure	Reason	Entered	Accepted / Rejected
Capability to submit electronic data to immunization registries or immunization information systems and actual submission according to applicable law and practice.	Performed at least one test of certified EHR technology's capacity to submit electronic data to immunization registries and follow up submission if the test is successful (unless none of the immunization registries to which the eligible hospital or CAH submits such information has the capacity to receive the information electronically).	This measure does not meet minimum standard.	No	Rejected
Capability to submit electronic data on reportable (as required by State or local law) lab results to public health agencies and actual submission in accordance with applicable law and practice.	Performed at least one test of certified EHR technology capacity to provide electronic submission of reportable lab results to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which eligible hospital or CAH submits such information have the capacity to receive the information electronically).	This measure meets minimum standard.	Excluded	Accepted
Incorporate clinical lab-test results into EHR as structured data.	More than 40% of all clinical lab tests results ordered by an authorized provider of the eligible hospital or CAH for patients admitted to its inpatient or emergency department (POS 21 or 23) during the EHR reporting period whose results are either in a positive/negative or numerical format are incorporated in certified EHR technology as structured data.	This measure meets minimum standard.	90.90%	Accepted

Please select the **HOME** button to go to the Home Page, or the **NEXT PAGE** button to view the summary of Clinical Quality Measures.

HOME | NEXT PAGE

http://www.cms.gov/EHRIncentivePrograms/

Rejected Attestation

Reassess/modify your practice so that you can meet the measure(s)

- Resubmit your attestation information again
- Re-submit new information

Review your documentation

- If an error is found correct and re-submit

You may submit an attestation 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). That will mean that the eligible professional will have to recalculate numerator and denominator information