



## Eligible Professional (EP) Attestation Worksheet for the Medicare Electronic Health Record (EHR) Incentive Program

The EP Attestation Worksheet allows EPs to log their meaningful use measures on this page to use as a reference when attesting for the Medicare EHR Incentive Program in the CMS system.

Numerator, denominator, and exclusion information for clinical quality measures (CQMs) must be reported directly from information generated by certified EHR technology and are not included in this worksheet. However, information for the remaining meaningful use core and menu set measures does not necessarily have to be entered directly from information generated by certified EHR technology. For each objective with a percentage-based measure, certified EHR technology must include the capability to electronically record the numerator and denominator and generate a report including the numerator, denominator, and resulting percentage for these measures. However, EPs may use additional data to calculate numerators and denominators and to generate reports on all measures of the core and menu set meaningful use objectives except CQMs. In order to provide complete and accurate information for certain of these measures, EPs may also have to include information from paper-based patient records or from records maintained in uncertified EHR technology.

EPs can enter their meaningful use criteria in the blue boxes. Each measure's objective is included to help EPs enter the correct criteria. Certain measures do not require a numerator and denominator, but rather a yes/no answer, and are marked as such. Measures with exclusions have the exclusion description listed in the measure information section.

**Note:** Claiming an exclusion for a specific measure qualifies as submission of that measure. If an EP claims an exclusion for which they qualify, indicate this in the Attestation System by clicking "yes" under the exclusion part of the measure question.

EPs must meet report on the following:

1. All 15 of the core measures  
Note: One of the required core measures is that EPs report clinical quality measures (CQMs)
2. 5 out of 10 of the menu measures; at least 1 public health measure must be selected
3. A sum total of up to 9 CQMs; 3 core, up to 3 alternate core, and 3 additional CQMs. If an EP reports a denominator of 0 for any of the 3 core measures, the EP must record for an alternate core CQM to supplement the core measure. Therefore, an EP may report a minimum of 6 and a maximum of 9 CQMs depending on the resulting values in the denominators for the core measures as reported from their certified EHR.

**Reporting Period:** For an EP the reporting period must be at least 90 consecutive days within calendar year 2011 (January 1, 2011, through December 31, 2011).



## Meaningful Use Core Measures- EPs must fill out all 15 core measures

| # | Measure Information  | Measure Values       |
|---|--|----------------------|
| 1 | <p><b>Objective:</b> Use computerized provider order entry (CPOE) for medication orders directly entered by a licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines</p> <p><b>Measure:</b> More than 30 percent 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</p> <p><b>Exclusion:</b> Any EP who writes fewer than 100 prescriptions during the EHR reporting period would be excluded from this requirement</p> |                      |
|   | <b>Does this exclusion apply to you?</b>   | <b>Yes</b> <b>No</b> |
|   | <b>Numerator:</b> The number of patients in the denominator that have at least one medication order entered using CPOE   |                      |
|   | <b>Denominator:</b> Number of unique patients with at least one medication in their medication list seen by the EP during the EHR reporting period   |                      |
| 2 | <p><b>Objective:</b> Implement drug-drug and drug-allergy interaction checks</p> <p><b>Measure:</b> The EP has enabled this functionality for the entire EHR reporting period</p> <p><b>Note: This measure only requires a yes/no answer</b></p>   |                      |
|   | <b>Numerator:</b> N/A  | <b>YES</b> <b>NO</b> |
|   | <b>Denominator:</b> N/A  |                      |
| 3 | <p><b>Objective:</b> Maintain an up-to-date problem list of current and active diagnoses</p> <p><b>Measure:</b> More than 80 percent 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</p>   |                      |
|   | <b>Numerator:</b> 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  |                      |
|   | <b>Denominator:</b> Number of unique patients seen by the EP during the EHR reporting period   |                      |
| 4 | <p><b>Objective:</b> Generate and transmit permissible prescriptions electronically (eRx)</p> <p><b>Measure:</b> More than 40 percent of all permissible prescriptions written by the EP are transmitted electronically using certified EHR technology</p> <p><b>Exclusion:</b> Any EP who writes fewer than 100 prescriptions during the EHR reporting period would be excluded from this requirement</p>   |                      |
|   | <b>Does this exclusion apply to you?</b>   | <b>Yes</b> <b>No</b> |
|   | <b>Numerator:</b> Number of prescriptions in the denominator generated and transmitted electronically  |                      |
|   | <b>Denominator:</b> Number of prescriptions written for drugs requiring a prescription in order to be dispensed other than controlled substances during the EHR reporting period   |                      |



| # | Measure Information   | Measure Values       |
|---|---|----------------------|
| 5 | <b>Objective:</b> Maintain active medication list<br><b>Measure:</b> More than 80 percent 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  |                      |
|   | <b>Numerator:</b> Number of patients in the denominator who have a medication (or an indication that the patient is not currently prescribed any medication) recorded as structured data  |                      |
|   | <b>Denominator:</b> Number of unique patients seen by the EP during the EHR reporting period  |                      |
| 6 | <b>Objective:</b> Maintain active medication allergy list<br><b>Measure:</b> More than 80 percent of all unique patients seen by the EP have at least one entry (or an indication that the patient has no known medication allergies) recorded as structured data   |                      |
|   | <b>Numerator:</b> Number of unique patients in the denominator who have at least one entry (or an indication that the patient has no known medication allergies) recorded as structured data in their medication allergy list   |                      |
|   | <b>Denominator:</b> Number of unique patients seen by the EP during the EHR report period   |                      |
| 7 | <b>Objective:</b> Record all of the following demographics: preferred language, gender, race, ethnicity, and date of birth<br><b>Measure:</b> More than 50 percent of all unique patients seen by the EP have demographics recorded as structured data  |                      |
|   | <b>Numerator:</b> 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   |                      |
|   | <b>Denominator:</b> Number of unique patients seen by the EP during the EHR reporting period  |                      |
| 8 | <b>Objective:</b> 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, including BMI<br><b>Measure:</b> More than 50 percent of all unique patients age 2 and over seen by the EP, height, weight, and blood pressure are recorded as structured data<br><b>Exclusion 1:</b> Any EP who does not see patients 2 years or older would be excluded from this requirement<br><b>Exclusion 2:</b> An EP who believes that all three vital signs of height, weight, and blood pressure have no relevance to scope of practice would be excluded from this requirement |                      |
|   | <b>Does exclusion 1 apply to you?</b>   | <b>Yes</b> <b>No</b> |
|   | <b>Does exclusion 2 apply to you?</b>   | <b>Yes</b> <b>No</b> |
|   | <b>Numerator:</b> Number of patients in the denominator who have at least one entry of their height, weight and blood pressure are recorded as structured data. [BMI and growth charts will be automatically calculated by certified EHR and do not need to be included in the numerator calculation.]  |                      |
|   | <b>Denominator:</b> Number of unique patients age 2 or over seen by the EP  |                      |



| #  | Measure Information  | Measure Values |    |
|----|--|----------------|----|
|    | during the EHR reporting period  |                |    |
| 9  | <b>Objective:</b> Record smoking status for patients 13 years old or older<br><b>Measure:</b> More than 50 percent of all unique patients 13 years old or older seen by the EP have smoking status recorded as structured data<br><b>Exclusion:</b> An EP who did not see patients 13 years or older would be excluded from this requirement   |                |    |
|    | Does this exclusion apply to you?  | Yes            | No |
|    | Numerator: Number of patients in the denominator with smoking status recorded as structured data   |                |    |
|    | Denominator: Number of unique patients age 13 or older seen by the EP during the EHR reporting period  |                |    |
| 10 | <b>Objective:</b> Report ambulatory clinical quality measures to CMS<br><b>Measure:</b> Successfully report to CMS ambulatory clinical quality measures selected by CMS in the manner specified by CMS<br><b>Note: This measure only requires a yes/no answer</b>  |                |    |
|    | Numerator: N/A   | YES            | NO |
|    | Denominator: N/A   |                |    |
| 11 | <b>Objective:</b> Implement one clinical decision support rule relevant to specialty or high clinical priority along with the ability to track compliance with that rule<br><b>Measure:</b> Implement one clinical decision support rule relevant to specialty or high clinical priority along with the ability to track compliance to that rule<br><b>Note: This measure only requires a yes/no answer</b>  |                |    |
|    | Numerator: N/A   | YES            | NO |
|    | Denominator: N/A   |                |    |
| 12 | <b>Objective:</b> Provide patients with an electronic copy of their health information (including diagnostics test results, problem list, medication lists, medication allergies) upon request<br><b>Measure:</b> More than 50 percent of all patients who request an electronic copy of their health information are provided it within three business days<br><b>Exclusion:</b> An EP who has no requests from patients or their agents for an electronic copy of patient health information during the EHR reporting period would be excluded from this requirement |                |    |
|    | Does this exclusion apply to you?  | Yes            | No |
|    | Numerator: Number of patients in the denominator who receive an electronic copy of their electronic health information within three business days  |                |    |
|    | Denominator: Number of patients of the EP who request an electronic copy of their electronic health information four business days prior to the end of the EHR reporting period  |                |    |



| #  | Measure Information  | Measure Values |           |
|----|--|----------------|-----------|
| 13 | <b>Objective:</b> Provide clinical summaries for patients for each office visit<br><b>Measure:</b> Clinical summaries provided to patients for more than 50 percent of all office visits within three business days<br><b>Exclusion:</b> Any EP who has no office visits during the EHR reporting period would be excluded from this requirement   |                |           |
|    | <b>Does this exclusion apply to you?</b>   | <b>Yes</b>     | <b>No</b> |
|    | <b>Numerator:</b> Number of office visits in the denominator for which the patient is provided a clinical summary within three business days   |                |           |
|    | <b>Denominator:</b> Number of office visits by the EP during the EHR reporting period  |                |           |
| 14 | <b>Objective:</b> Capability to exchange key clinical information (for example, problem list, medication list, medication allergies, and diagnostic test results), among providers of care and patient authorized entities electronically<br><b>Measure:</b> Performed at least one test of certified EHR technology's capacity to electronically exchange key clinical information<br><b>Note: This measure only requires a yes/no answer</b>   |                |           |
|    | <b>Numerator:</b> N/A  | <b>YES</b>     | <b>NO</b> |
|    | <b>Denominator:</b> N/A  |                |           |
| 15 | <b>Objective:</b> Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities<br><b>Measure:</b> Conduct or review a security risk analysis in accordance with the requirements under 45 CFR 164.308(a)(1) and implement security updates as necessary and correct identified security deficiencies as part of its risk management process<br><b>Note: This measure only requires a yes/no answer</b> |                |           |
|    | <b>Numerator:</b> N/A  | <b>YES</b>     | <b>NO</b> |
|    | <b>Denominator:</b> N/A  |                |           |

Meaningful Use Menu Measures- EPs must fill out 5 out of 10 measures (at least 1 of these must be a public health measure, which are noted with an asterisk)

| #  | Measure Information   | Measure Values |  |
|----|---|----------------|--|
| 1* | <b>Objective:</b> Capability to submit electronic data to immunization registries or immunization information systems and actual submission in accordance with applicable law and practice<br><b>Measure:</b> 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 has the capacity to receive the information electronically) |                |  |



| #  | Measure Information   | Measure Values |    |
|----|---|----------------|----|
|    | <p><b>Exclusion 1:</b> An EP who does not perform immunizations during the EHR reporting period would be excluded from this requirement</p> <p><b>Exclusion 2:</b> If there is no immunization registry that has the capacity to receive the information electronically, an EP would be excluded from this requirement</p> <p><b>Note: This measure only requires a yes/no answer</b></p>   |                |    |
|    | <b>Does this exclusion 1 apply to you?</b>  | Yes            | No |
|    | <b>Does this exclusion 2 apply to you?</b>  | Yes            | No |
|    | <b>Numerator:</b> N/A   | YES            | NO |
|    | <b>Denominator:</b> N/A   |                |    |
| 2* | <p><b>Objective:</b> Capability to submit electronic syndromic surveillance data to public health agencies and actual submission in accordance with applicable law and practice</p> <p><b>Measure:</b> 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 receive the information electronically)</p> <p><b>Exclusion 1:</b> If an EP does not collect any reportable syndromic information on their patients during the EHR reporting period, then the EP is excluded from this requirement</p> <p><b>Exclusion 2:</b> If there is no public health agency that has the capability to receive the information electronically, then the EP is excluded from this requirement</p> <p><b>Note: This measure only requires a yes/no answer</b></p> |                |    |
|    | <b>Does exclusion 1 apply to you?</b>   | Yes            | No |
|    | <b>Does exclusion 2 apply to you?</b>   | Yes            | No |
|    | <b>Numerator:</b> N/A   | YES            | NO |
|    | <b>Denominator:</b> N/A   |                |    |
| 3  | <p><b>Objective:</b> Implement drug formulary checks</p> <p><b>Measure:</b> The EP has enabled this functionality and has access to at least one internal or external formulary for the entire EHR reporting period</p> <p><b>Exclusion:</b> Any EP who writes fewer than 100 prescriptions during the EHR reporting period would be excluded from this requirement</p> <p><b>Note: This measure only requires a yes/no answer</b></p>  |                |    |
|    | <b>Does this exclusion apply to you?</b>  | Yes            | No |
|    | <b>Numerator:</b> N/A   | YES            | NO |
|    | <b>Denominator:</b> N/A   |                |    |
| 4  | <p><b>Objective:</b> Incorporate clinical lab test results into EHR as structured data</p> <p><b>Measure:</b> More than 40 percent of all clinical lab test results ordered by the EP 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</p> <p><b>Exclusion:</b> 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</p>   |                |    |
|    | <b>Does this exclusion apply to you?</b>  | Yes            | No |



| # | Measure Information  | Measure Values       |
|---|--|----------------------|
|   | <p><b>Numerator:</b> 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</p> <p><b>Denominator:</b> 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</p>   |                      |
| 5 | <p><b>Objective:</b> Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research, or outreach</p> <p><b>Measure:</b> Generate at least one report listing patients of the EP with a specific condition</p> <p><b>Note: This measure only requires a yes/no answer</b></p>   |                      |
|   | <b>Numerator:</b> N/A  | <b>YES</b> <b>NO</b> |
|   | <b>Denominator:</b> N/A  |                      |
| 6 | <p><b>Objective:</b> Send reminders to patients per patient preference for preventive/follow-up care</p> <p><b>Measure:</b> More than 20 percent of all patients 65 years or older or 5 years old or younger were sent appropriate reminders during the EHR reporting period</p> <p><b>Exclusion:</b> Any EP who has no patients 65 years or older or 5 years old or younger with records maintained using certified EHR technology is excluded from this requirement</p>  |                      |
|   | <b>Does this exclusion apply to you?</b>   | <b>Yes</b> <b>No</b> |
|   | <b>Numerator:</b> Number of patients in the denominator who were sent the appropriate reminder   |                      |
|   | <b>Denominator:</b> Number of unique patients 65 years old or older or 5 years old or younger  |                      |
| 7 | <p><b>Objective:</b> Provide patients with timely electronic access to their health information (including lab results, problem list, medication lists, and allergies) within four business days of the information being available to the EP</p> <p><b>Measure:</b> At least 10 percent 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</p> <p><b>Exclusion:</b> Any EP that neither orders nor creates lab tests or information that would be contained in the problem list, medication list, medication allergy list (or other information as listed at 45 CFR 170.304(g)) during the EHR reporting period would be excluded from this requirement</p> |                      |
|   | <b>Does this exclusion apply to you?</b>   | <b>Yes</b> <b>No</b> |
|   | <b>Numerator:</b> Number of patients in the denominator who have timely (available to the patient within four business days of being updated in the certified EHR technology) electronic access to their health information online   |                      |
|   | <b>Denominator:</b> Number of unique patients seen by the EP during the EHR reporting period   |                      |



| #  | Measure Information   | Measure Values                   |
|----|---|----------------------------------|
| 8  | <p><b>Objective:</b> Use certified EHR technology to identify patient-specific education resources and provide those resources to the patient if appropriate</p> <p><b>Measure:</b> More than 10 percent of all unique patients seen by the EP are provided patient-specific education resources</p>  |                                  |
|    | <p><b>Numerator:</b> Number of patients in the denominator who are provided patient-specific education resources</p>  |                                  |
|    | <p><b>Denominator:</b> Number of unique patients seen by the EP during the EHR reporting period</p>   |                                  |
| 9  | <p><b>Objective:</b> 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</p> <p><b>Measure:</b> The EP performs medication reconciliation for more than 50 percent of transitions of care in which the patient is transitioned into the care of the EP</p> <p><b>Exclusion:</b> An EP who was not the recipient of any transitions of care during the EHR reporting period would be excluded from this requirement</p>   |                                  |
|    | <p><b>Does this exclusion apply to you?</b></p>   | <p><b>Yes</b>      <b>No</b></p> |
|    | <p><b>Numerator:</b> Number of transitions of care in the denominator where medication reconciliation was performed</p>   |                                  |
|    | <p><b>Denominator:</b> Number of transitions of care during the EHR reporting period for which the EP was the receiving party of the transition</p>   |                                  |
| 10 | <p><b>Objective:</b> 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 care record for each transition of care or referral</p> <p><b>Measure:</b> 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 percent of transitions of care and referrals</p> <p><b>Exclusion:</b> An EP who does not transfer a patient to another setting or refer a patient to another provider during the EHR reporting period would be excluded from this requirement</p> |                                  |
|    | <p><b>Does this exclusion apply to you?</b></p>   | <p><b>Yes</b>      <b>No</b></p> |
|    | <p><b>Numerator:</b> Number of transitions of care and referrals in the denominator where a summary of care record was provided</p>   |                                  |
|    | <p><b>Denominator:</b> Number of transitions of care and referrals during the EHR reporting period for which the EP was the transferring or referring provider</p>  |                                  |