Eligible Professional Attestation Worksheet for Modified Stage 2
Medicare Electronic Health Record (EHR) Incentive Program

The Eligible Professional (EP) Attestation Worksheet is for EPs in the EHR Incentive Program. It allows them to enter their meaningful use data to use as a reference when attesting for the Medicare EHR Incentive Program in the CMS system. Please note that this worksheet differs in format and presentation when compared to the Attestation User Guide and Attestation system.

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, eligible professionals may use additional data to calculate numerators and denominators and to generate reports on all measures for the objectives.

Note: There are alternate exclusions for Objective 3 - Computerized Provider Order Entry (for Measures 2 and 3), which some Stage 1 providers may not otherwise be able to meet because they require the implementation of certified EHR technology beyond the functions required for Stage 1.

There are also alternate exclusions for Objective 10 - Public Health Reporting (measures 2 and 3) for both Stage 1 and 2 EPs as these measures might require the acquisition of additional technologies EPs did not previously have or did not previously intend to include in their activities of meaningful use.

In order to provide complete and accurate information for certain measures, eligible professionals may also have to include information from paper-based patient records or from records maintained in uncertified EHR technology.

Eligible professionals can enter their meaningful use criteria in the blue boxes. Each measure's objective is included to help eligible professionals 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. Eligible professionals must report on the following:

1. 10 objectives, which includes one consolidated public health reporting objective. EPs must meet two public health measures.
2. 9 clinical quality measures (CQMs) covering at least 3 National Quality Strategy domains

EHR Reporting Period:
The EHR Reporting period for returning participants is a full calendar year.
For first-time participants who have not successfully demonstrated meaningful use in a prior year, the EHR reporting period is any continuous 90-day period within the calendar year.
### Meaningful Use Objectives and Measures

*Must fill out for each of the 10 objectives.*

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| 1  | **Objective:** Protect electronic protected health information (ePHI) created or maintained by the CEHRT through the implementation of appropriate technical capabilities.  
**Measure:** Conduct or review a security risk analysis in accordance with the requirements in 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of ePHI created or maintained in CEHRT in accordance with requirements in 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), and implement security updates as necessary and correct identified security deficiencies as part of the EP’s risk management process.  
*Note:* This measure only requires a yes/no answer.                                                                                                      | YES □ NO □     |
| 2  | **Objective:** Use clinical decision support to improve performance on high-priority health conditions.  
*Note:* EPs must satisfy both of the following measures in order to meet the objective.  
**Measure 1:** Implement five clinical decision support interventions related to four or more clinical quality measures at a relevant point in patient care for the entire EHR reporting period. Absent four clinical quality measures related to an EP’s scope of practice or patient population, the clinical decision support interventions must be related to high-priority health conditions.  
**Measure 2:** The EP has enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period.  
*Exclusion:* For the second measure, any EP who writes fewer than 100 medication orders during the EHR reporting period.  
*Note:* These measures only require a yes/no answer.                                                                                                   | Yes □ No □     |
<p>|    | <strong>Does the exclusion apply to you?</strong>                                                                                                                                                                                 | YES □ NO □     |
|    | <strong>Measure 1:</strong>                                                                                                                                                                                                      | YES □ NO □     |
|    | <strong>Measure 2:</strong>                                                                                                                                                                                                      | YES □ NO □     |</p>
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| 3 | **Objective:** Use computerized provider order entry (CPOE) for medication, laboratory and radiology orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines.  
**Note:** An EP, through a combination of meeting the thresholds and exclusions (or both), must satisfy all three measures for this objective.  
**Measure 1:** More than 60 percent of medication orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.  
*Exclusion for Measure 1:* Any EP who writes fewer than 100 medication orders during the EHR reporting period.  
**Measure 2:** More than 30 percent of laboratory orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.  
*Exclusion for Measure 2:* Any EP who writes fewer than 100 laboratory orders during the EHR reporting period.  
**Measure 3:** More than 30 percent of radiology orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.  
*Exclusion for Measure 3:* Any EP who writes fewer than 100 radiology orders during the EHR reporting period. | Yes  No  
Does the exclusion for Measure 1 apply to you?  
Does the exclusion for Measure 2 apply to you?  
Does the exclusion for Measure 3 apply to you?  
Does the alternate exclusion for Measure 2 apply to you?  
Does the alternate exclusion for Measure 3 apply to you?  
**Numerator Measure 1 (Medication):** Number of orders in the denominator recorded using CPOE.  
**Denominator Measure 1 (Medication):** Number of medication orders created by the EP during the EHR reporting period.  
**Numerator 2 (Laboratory):** Number of orders in the denominator recorded using CPOE.  
**Denominator 2 (Laboratory):** Number of laboratory orders created by the EP during the EHR reporting period.  
**Numerator 3 (Radiology):** Number of orders in the denominator recorded using CPOE.  
**Denominator 3 (Radiology):** Number of radiology orders created by the EP during the EHR reporting period. |
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| 4 | **Objective:** Generate and transmit permissible prescriptions electronically (eRx).  
**Measure:** More than 60 percent of all permissible prescriptions written by the EP are queried for a drug formulary and transmitted electronically using CEHRT.  
Exclusion 1: Any EP who writes fewer than 100 permissible prescriptions during the EHR reporting period; or Exclusion 2: Any EP who does not have a pharmacy within his or her organization and there are no pharmacies that accept electronic prescriptions within 10 miles of the EP’s practice location at the start of his/her EHR reporting period.  
**Does exclusion 1 apply to you?** Yes ☐ No ☐  
**Does exclusion 2 apply to you?** Yes ☐ No ☐  
**Numerator:** The number of prescriptions in the denominator generated, queried for a drug formulary, and transmitted electronically using CEHRT.  
**Denominator:** Number of permissible prescriptions written during the EHR reporting period for drugs requiring a prescription in order to be dispensed. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 5 | **Objective:** The EP who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care provides a summary care record for each transition of care or referral.  
**Measure 1:** The EP that transitions or refers their patient to another setting of care or provider of care must - (1) use CEHRT to create a summary of care record; and (2) electronically transmit such summary to a receiving provider for more than 10 percent of transitions of care and referrals.  
Exclusion: Any EP who transfers a patient to another setting or refers a patient to another provider less than 100 times during the EHR reporting period.  
**Does the exclusion apply to you?** Yes ☐ No ☐  
**Numerator Measure 1:** The number of transitions of care and referrals in the denominator where a summary of care record was created using CEHRT and exchanged electronically.  
**Denominator Measure 1:** Number of transitions of care and referrals during the EHR reporting period for which the EP was the transferring or referring provider. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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| 6  | **Objective:** Use clinically relevant information from CEHRT to identify patient-specific education resources and provide those resources to the patient.  
**Measure:** Patient-specific education resources identified by CEHRT are provided to patients for more than 10 percent of all unique patients with office visits seen by the EP during the EHR reporting period.  
**Exclusion:** Any EP who has no office visits during the EHR reporting period.  
**Does the exclusion apply to you?** Yes ☐ No ☐  
**Numerator:** Number of patients in the denominator who were provided patient-specific education resources identified by the CEHRT.  
**Denominator:** Number of unique patients with office visits seen by the EP during the EHR reporting period. | Yes ☐ No ☐ |

| 7  | **Objective:** The EP who receives a patient from another setting of care or provider of care or believes an encounter is relevant performs medication reconciliation.  
**Measure:** 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  
**Exclusion:** Any EP who was not the recipient of any transitions of care during the EHR reporting period.  
**Does the exclusion apply to you?** Yes ☐ No ☐  
**Numerator:** The number of transitions of care in the denominator where medication reconciliation was performed.  
**Denominator:** Number of transitions of care during the EHR reporting period for which the EP was the receiving party of the transition. | Yes ☐ No ☐ |
Objective: Provide patients the ability to view online, download, and transmit their health information within 4 business days of the information being available to the EP.

Note: EPs must satisfy both measures in order to meet the objective.

Measure 1: More than 50 percent of all unique patients seen by the EP during the EHR reporting period are provided timely access to view online, download, and transmit to a third party their health information subject to the EP’s discretion to withhold certain information.

Measure 2: At least 5% of patients seen by the EP during the EHR reporting period (or patient-authorized representative) has to view, download, or transmit his or her health information to a third party during the EHR reporting period.

Exclusion 1 (for Measure 1): Any EP who neither orders nor creates any of the information listed for inclusion as part of the measures except for “Patient Name” and “Provider’s name and office contact information.”

Exclusion 2 (for Measure 2): Any EP who: Neither orders nor creates any of the information listed for inclusion as part of the measures except for “Patient Name” and “Provider’s name and office contact information”; or Conducts 50 percent or more of his or her patient encounters in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period.

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<td>Objective: Provide patients the ability to view online, download, and transmit their health information within 4 business days of the information being available to the EP. Note: EPs must satisfy both measures in order to meet the objective. Measure 1: More than 50 percent of all unique patients seen by the EP during the EHR reporting period are provided timely access to view online, download, and transmit to a third party their health information subject to the EP’s discretion to withhold certain information. Measure 2: At least 5% of patients seen by the EP during the EHR reporting period (or patient-authorized representative) has to view, download, or transmit his or her health information to a third party during the EHR reporting period. Exclusion 1 (for Measure 1): Any EP who neither orders nor creates any of the information listed for inclusion as part of the measures except for “Patient Name” and “Provider’s name and office contact information.” Exclusion 2 (for Measure 2): Any EP who: Neither orders nor creates any of the information listed for inclusion as part of the measures except for “Patient Name” and “Provider’s name and office contact information”; or Conducts 50 percent or more of his or her patient encounters in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period.</td>
<td>Does exclusion 1 apply to you? Yes ☐ No ☐ Does exclusion 2 apply to you? Yes ☐ No ☐ Numerator Measure 1: The number of patients in the denominator who have access to view online, download and transmit their health information within 4 business days after the information is available to the EP. Denominator Measure 1: Number of unique patients seen by the EP during the EHR reporting period. Numerator Measure 2: The number of patients in the denominator (or patient-authorized representative) who view, download, or transmit to a third party their health information. Denominator Measure 2: Number of unique patients seen by the EP during the EHR reporting period.</td>
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| 9  | **Objective:** Use secure electronic messaging to communicate with patients on relevant health information.  
**Measure:** For an EHR reporting period at least 5% of patients seen by the EP during the EHR reporting period, a secure message was sent using the electronic messaging function of CEHRT to the patient (or the patient-authorized representative), or in response to a secure message sent by the patient (or the patient-authorized representative) during the EHR reporting period.  
**Exclusion:** Any EP who has no office visits during the EHR reporting period, or any EP who conducts 50 percent or more of his or her patient encounters in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period. | Yes ☐ No ☐   |

**Numerator:** The number of patients in the denominator for whom a secure electronic message is sent to the patient (or patient-authorized representative), or in response to a secure message sent by the patient (or patient-authorized representative).  
**Denominator:** Number of unique patients seen by the EP during the EHR reporting period.

| 10 | **Objective:** The EP is in active engagement with a public health agency to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.  
**Measure Option 1:** Immunization Registry Reporting: The EP is in active engagement with a public health agency to submit immunization data.  
**Measure Option 2:** Syndromic Surveillance Reporting: The EP is in active engagement with a public health agency to submit syndromic surveillance data.  
**Measure Option 3:** Specialized Registry Reporting: The EP is in active engagement to submit data to a specialized registry.  

**Immunization Registry Reporting**  
**Exclusion 1:** Does not administer any immunizations to any of the populations for which data is collected by their jurisdiction’s immunization registry or immunization information system during the EHR reporting period.  
**Exclusion 2:** Operates in a jurisdiction for which no immunization registry or immunization information system is capable of accepting the specific standards required to meet the CEHRT definition at the start of the EHR reporting period, or  
**Exclusion 3:** Operates in a jurisdiction where no immunization registry or immunization information system has declared readiness to receive immunization data from the EP at the start of the EHR reporting period.  

**Syndromic Surveillance**  
**Exclusion 4:** Is not in a category of providers from which ambulatory syndromic surveillance data is collected by their jurisdiction’s syndromic surveillance system;  
**Exclusion 5:** Operates in a jurisdiction for which no public health agency is capable of receiving electronic syndromic surveillance data from EPs in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period, or |

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<td>Exclusion 6: Operates in a jurisdiction where no public health agency has declared readiness to receive, syndromic surveillance data from EPs at the start of the EHR reporting period.</td>
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**Specialized Registry Reporting**

Exclusion 7: Does not diagnose or treat any disease or condition associated with, or collect relevant data that is collected by, a specialized registry in their jurisdiction during the EHR reporting period;

Exclusion 8: Operates in a jurisdiction for which no specialized registry is capable of accepting electronic registry transactions in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period; or

Exclusion 9: Operates in a jurisdiction where no specialized registry for which the EP is eligible has declared readiness to receive electronic registry transactions at the beginning of the EHR reporting period.

| Does exclusion 1 apply to you? | Yes ☐ No ☐ |
| Does exclusion 2 apply to you? | Yes ☐ No ☐ |
| Does exclusion 3 apply to you? | Yes ☐ No ☐ |
| Does exclusion 4 apply to you? | Yes ☐ No ☐ |
| Does exclusion 5 apply to you? | Yes ☐ No ☐ |
| Does exclusion 6 apply to you? | Yes ☐ No ☐ |
| Does exclusion 7 apply to you? | Yes ☐ No ☐ |
| Does exclusion 8 apply to you? | Yes ☐ No ☐ |
| Does exclusion 9 apply to you? | Yes ☐ No ☐ |
| Are you claiming an alternate exclusion for Measure 2? | Yes ☐ No ☐ |
| Are you claiming an alternate exclusion for Measure 3? | Yes ☐ No ☐ |

Measure 1 – Immunization Registry Reporting

Measure 2 – Syndromic Surveillance Reporting

Measure 3 – Specialized Registry Reporting (1)

For providers who choose to report to more than one Specialized Registry.

Measure 3 – Specialized Registry Reporting (2)