Eligible Hospital and Critical Access Hospital (CAH) Attestation Worksheet for Stage 1of the Medicare Electronic Health Record (EHR) Incentive Program

The Eligible Hospital and CAH Attestation Worksheet is for eligible hospitals and CAHs in Stage 1 of meaningful use and allows them 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, eligible hospitals and CAHs 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, eligible hospitals and CAHs may also have to include information from paper-based patient records or from records maintained in uncertified EHR technology.

Eligible hospitals and CAHs can enter their meaningful use criteria in the blue boxes. Each measure's objective is included to help eligible hospitals and CAHs 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 eligible hospital or CAH claims an exclusion for which they qualify, indicate this in the Attestation System by clicking "yes" under the exclusion part of the measure question.

Eligible hospitals and CAHs must report on the following:

1. All 12 of the core measures
2. 5 out of 10 of the menu measures; at least 1 public health measure must be selected as part of the 5
3. All 15 of the clinical quality measures (CQMs)

Reporting Period: For an eligible hospital or critical access hospital that has not previously successfully attested to meaningful use, the reporting period must be at least 90 consecutive days within Federal Fiscal Year 2013 (October 1, 2012, through September 30, 2013). For an eligible hospital or critical access hospital that has prevsiously successfully attested to meaningful use, the reporting period is the entire Federal Fiscal Year 2013 (October 1, 2012, through September 30, 2013).

Meaningful Use Core Measures - Eligible hospitals and CAHs must fill out all 12 core measures

#	Measure Information	Measure Values
1	**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 percent of all unique patients with at least one medication in their medication list admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one medication order entered using CPOE **Optional Alternate Measure:** More than 30 percent of medication orders created by authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using CPOE	
	Numerator: Number of patients in the denominator that have at least one medication order entered during CPOE	
	Denominator: Number unique patients with at least one medication in their medication list seen by the eligible hospital or CAH during the EHR reporting period	
	Optional Numerator: Number of medication orders in the denominator entered using CPOE	
	Optional Denominator: Number of medication orders created by the eligible hospital's or CAH's inpatient or emergency department during the EHR reporting period	
2	**Objective:** Implement drug-drug and drug-allergy interaction checks **Measure:** The eligible hospital or CAH has enabled the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period **Note: This measure only requires a yes/no answer**	
	Numerator: N/A	☐ YES ☐ NO
	Denominator: N/A	
3	**Objective:** Maintain an up-to-date problem list of current and active diagnoses **Measure:** More than 80 percent of all unique patients admitted to the eligible hospital or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry or an indication that no problems are known for the patient recorded as structured data	
	Numerator: Number of patients in the denominator who have at least one entry or indication that no problems are known for the patient recorded as structured data in their problem list	
	Denominator: Number of unique patients admitted to an eligible hospital or CAH's inpatient or emergency department (POS 21 or 23) during the EHR report period	

#	Measure Information	Measure Values
4	**Objective:** Maintain active medication list **Measure:** More than 80 percent of all unique patients admitted to the eligible hospital or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry (or an indication that the patient is not currently prescribed any medication) recorded as structured data	
	Numerator: 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	
	Denominator: Number of unique patients admitted to an eligible hospital or CAH's inpatient or emergency department (POS 21 or 23) during the EHR report period	
5	**Objective:** Maintain active medication allergy list **Measure:** More than 80 percent of all unique patients admitted to the eligible hospital or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry (or an indication that the patient has no known medical allergies) recorded as structured data	
	Numerator: Number of patients in the denominator who have at least one entry (or indication that the patient has no known medical allergies) recorded as structured data in their medication allergy list	
	Denominator: Number of unique patients admitted to an eligible hospital or CAH's inpatient or emergency department (POS 21 or 23) during the EHR report period	
6	**Objective:** Record all of the following demographics: preferred language, gender, race, ethnicity, date of birth, and date and preliminary cause of death in the event of mortality in the eligible hospital or CAH **Measure:** More than 50 percent of all unique patients seen by the eligible hospital or CAH or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have demographics recorded as structured data	
	Numerator: Number of patients in the denominator who have all of 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 admitted to an eligible hospital or CAH's inpatient or emergency department (POS 21 or 23) during the EHR report period	

#	Measure Information	Measure Values
7	**Objective:** Record and chart changes in vital signs: height, weight, blood pressure, calculate and display body mass index (BMI), plot and display growth charts for children 2-20 years, including BMI **Measure:** For more than 50 percent of all unique patients age 2 and over admitted to eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23), height, weight and blood pressure are recorded as structured data **New Measure** *(Optional 2013; Required 2014 and beyond)***:** For more than 50 percent of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period have blood pressure (for patients age 3 and over only) and height and weight (for all ages) recorded as structured data.	
	Numerator: Number of patients in the denominator who have at least one entry of their height, weight and blood pressure are recorded as structured data	
	Denominator: Number of unique patients age 2 or over that are admitted to an eligible hospital or CAH's inpatient or emergency department (POS 21 or 23) during the EHR report period	
	New Numerator: Number of patients in the denominator who have at least one entry of their height, weight and blood pressure (ages 3 and over) recorded as structured data **Note:** Optional in 2013; required in 2014 and beyond	
	New Denominator: Number of unique patients (age 3 or over for blood pressure) admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period **Note:** Optional in 2013; required in 2014 and beyond	
8	**Objective:** Record smoking status for patients 13 years or older **Measure:** More than 50 percent of all unique patients 13 years or older admitted to eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have smoking status recorded as structured data **Exclusion:** An eligible hospital or CAH that sees no 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 over admitted to an eligible hospital or CAH's inpatient or emergency department (POS 21 or 23) during the EHR report period	

#	Measure Information	Measure Values	
9	**Objective:** Implement one clinical decision support rule related to a high priority hospital condition with the ability to track compliance with that rule **Measure:** Implement one clinical decisions support rule **Note: This measure only requires a yes/no answer**		
	Numerator: N/A	☐ **YES**	☐ **NO**
	Denominator: N/A		
10	**Objective:** Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, medication allergies, discharge summary, procedures), upon request **Measure:** More than 50% of all patients of the inpatient or emergency department of the eligible hospital or CAH (POS 21 or 23) who request an electronic copy of their health information are provided it within 3 business days **Exclusion:** Any eligible hospital or CAH that 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 who request an electronic copy of their electronic health information four business days prior to the end of the EHR reporting period		
11	**Objective:** Provide patients with an electronic copy of their discharge instructions at the time of discharge, upon request **Measure:** More than 50% of all patients who are discharged from an eligible hospital or CAH's inpatient department or emergency department (POS 21 or 23) and who request an electronic copy of their discharge instructions are provided it **Exclusion:** An eligible hospital or CAH that has no requests from patients or their agents for an electronic copy of the discharge instructions during the EHR reporting period would be excluded from this requirement		
	Does this exclusion apply to you?	Yes ◯ No ◯	
	Numerator: The number of patients in the denominator who are provided an electronic copy of discharge instructions		
	Denominator: Number of patients discharged from an eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) who request an electronic copy of their discharge instructions during the EHR reporting period		
12	**Objective:** Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities **Measure:** 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 **Note: This measure only requires a yes/no answer**		
	Numerator: N/A	☐ **YES**	☐ **NO**
	Denominator: N/A		

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

#	Measure Information	Measure Values
1*	**Objective:** Capability to submit electronic data to immunization registries or immunization information systems and actual submission according to applicable law and practice **Measure:** 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), except where prohobited **Exclusion 1:** An eligible hospital or CAH that administers no immunizations during the EHR reporting period would be excluded from this requirement **Exclusion 2:** If there is no immunization registry that has the capacity to receive the information electronically, then the eligible hospital or CAH would be excluded from this requirement **Note: This measure only requires a yes/no answer**	
	Does exclusion 1 apply to you?	Yes ◯ No ◯
	Does exclusion 2 apply to you?	Yes ◯ No ◯
	Numerator: N/A	☐ **YES** ☐ **NO**
	Denominator: N/A	
2*	**Objective:** Capability to submit electronic data on reportable (as required by State or local law) lab results to public health agencies and actual submission according to applicable law and practice **Measure:** Performed at least one test of certified EHR technology's 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 an eligible hospital or CAH submits such information has the capacity to receive the information electronically) **Exclusion: I**f no public health agency to which the eligible hospital or CAH submits such information has the capacity to receive the information electronically, then the eligible hospital or CAH would be excluded from this requirement **Note: This measure only requires a yes/no answer**	
	Does this exclusion apply to you?	Yes ◯ No ◯
	Numerator: N/A	☐ **YES** ☐ **NO**
	Denominator: N/A	

#	Measure Information	Measure Values
3*	**Objective:** Capability to submit electronic syndromic surveillance data to public health agencies and actual submission according to applicable law and practice **Measure:** 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 eligible hospital or CAH submits such information has the capacity to receive the information electronically), except where prohibited **Exclusion:** If no public health agency to which the eligible hospital or CAH submits such information has the capacity to receive the information electronically, then the eligible hospital or CAH would be excluded from this requirement **Note: This measure only requires a yes/no answer**	
	Does this exclusion apply to you?	Yes ◯ No ◯
	Numerator: N/A	☐ **YES** ☐ **NO**
	Denominator: N/A	
4	**Objective:** Implement drug formulary checks **Measure:** The eligible hospital or CAH has enabled this functionality and has access to at least one internal or external formulary for the entire EHR reporting period **Note: This measure only requires a yes/no answer**	
	Numerator: N/A	☐ **YES** ☐ **NO**
	Denominator: N/A	
5	**Objective:** Record advance directives for patient 65 years old or older **Measure:** More than 50 percent of all unique patients 65 years old or older admitted to the eligible hospital's or CAH's inpatient (POS 21) have an indication of an advance directive status recorded as structured data **Exclusion:** An eligible hospital or CAH that admitted no patients age 65 years old or older 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 with an indication of an advanced directive entered using structured data	☐
	Denominator: Number of unique patients age 65 or older admitted to an eligible hospital's or CAH's inpatient department (POS 21) during the EHR reporting period	☐

#	Measure Information	Measure Values
6	**Objective:** Incorporate clinical lab test results into certified EHR technology as structured data **Measure:** More than 40 percent of all clinical lab test results ordered by an authorized provider of the eligible hospital or CAH for patients admitted to its inpatient or emergency department (POS 21 and 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	
	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 authorized providers of the eligible hospital or CAH for patients admitted to an eligible hospital's or CAH's inpatient or emergency department (POS 21 and 23) whose results are expressed in a positive or negative affirmation or as a number	
7	**Objective:** Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, or outreach **Measure:** Generate at least one report listing patients of the eligible hospital or CAH with a specific condition **Note: This measure only requires a yes/no answer**	
	Numerator: N/A **Denominator:** N/A	☐ YES ☐ NO
8	**Objective:** Use certified EHR technology to identify patient-specific education resources and provide those resources to the patient if appropriate **Measure:** More than 10 percent of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are provided patient-specific education resources	
	Numerator: Number of patients in the denominator who are provided patient-specific education resources	
	Denominator: Number of unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period	
9	**Objective:** The eligible hospital or CAH who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation **Measure:** The eligible hospital or CAH performs medication reconciliation for more than 50 percent of transitions of care in which the patient is admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23)	
	Numerator: 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 eligible hospital's or CAH's inpatient or emergency department (POS 21 to 23) was the receiving party of the transition	

#	Measure Information	Measure Values
10	**Objective:** The eligible hospital or CAH that 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 **Measure:** The eligible hospital or CAH that 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	
	Numerator: Number of transitions of care and referrals in the denominator where a summary of care record was provided	[ ]
	Denominator: Number of transitions of care and referrals during the EHR reporting period for which the eligible hospital's or CAH's inpatient or emergency department (POS 21 to 23) was the transferring or referring provider	[ ]