

State of Alabama Medicaid Agency

ATTESTATION TO "DELAY IN AVAILABILITY OF 2014 EDITION CEHRT"
MEANINGFUL USE PROGRAM YEAR 2014

Provider Name	
NPI	
Practice/Clinic Name	
CEHRT Vendor	
Product Name and Version	
Date of 2014 CEHRT Installation	
Date 2014 Edition CEHRT Fully Implemented	
I attest to being unable to fully implement a 2014 CEHRT due to delays associated with installation for the following reason:	
	Software development delays
	Missing or delayed software updates
	Unable to implement 2014 CEHRT for the full reporting period
	Insufficient time to:
	____ Train staff,
	____ Test the updated system, or
	____ Put new workflows in place
	Unable to meet Stage Two summary of care measures because the recipient of transmittals was impacted by 2014 CEHRT issues.
	Other:
I attest that the following are NOT acceptable reasons for the inability to fully implement a 2014 CEHRT:	
<ul style="list-style-type: none"> Financial issues 	<ul style="list-style-type: none"> Provider waited too long to engage a vendor
<ul style="list-style-type: none"> Inability to meet one or more measures 	<ul style="list-style-type: none"> Refusal to purchase the requisite software updates
<ul style="list-style-type: none"> Staff turnover and changes 	<ul style="list-style-type: none"> Providers who fully implemented 2014 Edition CEHRT and can report in 2014
I understand that Providers who fully implemented 2014 Edition CEHRT and can report in 2014 are NOT eligible for any option under the Flexibility Rule.	
Date	Signature