

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 and Location   |   |
| CEHRT Vendor  |   |
| 2014 Product Name and Version   |   |
| Date 2014 CEHRT Installed   | <input type="checkbox"/> Date _____ <input type="checkbox"/> Date Unknown   |
| Date 2014 Edition CEHRT Fully Implemented   | _____<br><input type="checkbox"/> Check here if the CEHRT has not been fully implemented  |
| <p>I attest to being unable to fully implement a 2014 CEHRT due to delays associated with installation for the following reason. "Fully implemented" means that all the necessary activities for initiating use of the CEHRT have been completed in sufficient time to have a complete reporting period by the end of the program year. My CEHRT was not fully implemented because of one or more of the following reasons.</p> |   |
|   | <ul style="list-style-type: none"> <li>• Software development delays</li> </ul>   |
|   | <ul style="list-style-type: none"> <li>• Missing or delayed software updates</li> </ul>   |
|   | <ul style="list-style-type: none"> <li>• Unable to implement 2014 CEHRT for the full reporting period</li> </ul>  |
|   | <ul style="list-style-type: none"> <li>• Insufficient time to: (Check all that apply)</li> </ul>  |
|   | <ul style="list-style-type: none"> <li>_____ Train staff,</li> </ul>  |
|   | <ul style="list-style-type: none"> <li>_____ Test the updated system, or</li> </ul>   |
|   | <ul style="list-style-type: none"> <li>_____ Put new workflows in place</li> </ul>  |
|   | <p>I am unable to meet Stage 2 Core Measure #15 (Measure 2: Transition of Care) because the recipients are unable to receive the Summary of Care due to unavailability of 2014 CEHRT. I will submit a list of those recipients with this attestation. By attesting to this reason for using the Flex Rule, I am not required to submit a Vendor Letter.</p> |
| <p>For the 2014 Program Year Meaningful Use Measures, I am attesting to using the following CEHRT:<br/>                 Product and Version: _____<br/>                 CEHRT ID: _____ Year: <input type="checkbox"/> 2011 <input type="checkbox"/> 2011/2014 Combination</p>  |   |
| <p>The following are <b>NOT</b> acceptable reasons for the inability to fully implement a 2014 CEHRT and do not apply:</p>  |   |
| <ul style="list-style-type: none"> <li>• Financial issues</li> </ul>  | <ul style="list-style-type: none"> <li>• Provider waited too long to engage a vendor</li> </ul>   |
| <ul style="list-style-type: none"> <li>• Inability to meet one or more measures</li> </ul>  | <ul style="list-style-type: none"> <li>• Refusal to purchase the requisite software updates</li> </ul>  |
| <ul style="list-style-type: none"> <li>• Staff turnover and changes</li> </ul>  | <ul style="list-style-type: none"> <li>• Providers who fully implemented 2014 Edition CEHRT and can report in 2014</li> </ul>   |
| <p>I understand that a provider who fully implemented a 2014 Edition CEHRT and is able to use it to report meaningful use measures in 2014 is <b>NOT</b> eligible for any option under the Flexibility Rule.</p>  |   |
| Date  | Original Signature of Provider  |