Start Structural/Web-Based Measures 08/15/2017 09:31:04PT

Meaningful Use Attestation/Disclaimer

Print

Submission Period
01/01/2017 - 02/28/2018

With Respect to Reporting Period
01/01/2017 - 12/31/2017

circle 1

arrow 2

Meaningful Use | PY 2017

circle 2

Provider ID	Attestation Information	DISCLAIMER
[redacted]	Incomplete	Incomplete

arrow 1

Back | Program Year Selection

Meaningful Use | PY 2017 * Required field

Attestation Information

Circle 3

EHR Certification Number

* Please provide your EHR Certification Number.

Arrow 1

Emergency Department Admissions

* An eligible hospital must choose one of two methods to designate how patients admitted to the Emergency Department (ED) will be included in the denominators of certain Meaningful Use Objectives. Please select the method that will be used for ALL Meaningful Use Objectives.

- ○ Observation Service Method
- ◉ All ED Visits Method

Arrow 2

Reporting Period for MU Objectives

* Please provide the EHR reporting period start date associated with the MU Objectives.

01/01/2017

* Please provide the EHR reporting period end date associated with the MU Objectives.

12/31/2017

Arrow 3

Reporting Period for MU CQMs

* Please provide the EHR reporting period start date associated with the MU Clinical Quality Measures.

01/01/2017

* Please provide the EHR reporting period end date associated with the MU Clinical Quality Measures.

12/31/2017

eCQM Reporting

* Please choose eCQM reporting method.

- ○ I have submitted my Clinical Quality Measures data electronically through QRDA files.
- ◉ I will submit my Clinical Quality Measure data right now through online Attestation.

Attestation Statements

* I attest that I:
(1) Did not knowingly and willfully take action (such as to disable functionality) to limit or restrict the compatibility or interoperability of certified EHR technology.
(2) Implemented technologies, standards, policies, practices, and agreements reasonably calculated to ensure, to the greatest extent practicable and permitted by law, that the certified EHR technology was, at all relevant times-
(i) Connected in accordance with applicable law;
(ii) Compliant with all standards applicable to the exchange of information, including the standards, implementation specifications, and certification criteria adopted at 45 CFR part 170;
(iii) Implemented in a manner that allowed for timely access by patients to their electronic health information; and
(iv) Implemented in a manner that allowed for the timely, secure, and trusted bi-directional exchange of structured electronic health information with other health care providers (as defined by 42 U.S.C. 300jj(3)), including unaffiliated providers, and with disparate certified EHR technology and vendors.
(3) Responded in good faith and in a timely manner to requests to retrieve or exchange electronic health information, including from patients, health care providers (as defined by 42 U.S.C. 300jj(3)), and other persons, regardless of the requestor's affiliation or technology vendor.
(ii) Reporting clinical quality information. Successfully report the clinical quality measures selected by CMS to CMS or the States, as applicable, in the form and manner specified by CMS or the States, as applicable.

- ◉ Yes
- ○ No

I attest that I:
(1)Acknowledges the requirement to cooperate in good faith with ONC direct review of his or her health information technology certified under the ONC Health IT Certification Program if a request to assist in ONC direct review is received; and
(2) If requested, cooperated in good faith with ONC direct review of its health information technology certified under the ONC Health IT Certification Program as authorized by 45 CFR part 170, subpart E, to the extent that such technology meets (or can be used to meet) the definition of CEHRT, including by permitting timely access to such technology and demonstrating its capabilities as implemented and used by the eligible hospital or CAH in the field.

- ◉ Yes
- ○ No

* I attest that I:
(1) Acknowledges the option to cooperate in good faith with ONC-ACB surveillance of his or her health information technology certified under the ONC Health IT Certification Program if a request to assist in ONC-ACB surveillance is received; and
(2) If requested, cooperated in good faith with ONC-ACB surveillance of his or her health information technology certified under the ONC Health IT Certification Program as authorized by 45 CFR part 170, subpart E, to the extent that such technology meets (or can be used to meet) the definition of CEHRT, including by permitting timely access to such technology and demonstrating its capabilities as implemented and used by the eligible hospital or CAH in the field.

- ◉ Yes
- ○ No
- ○ N/A - Submission not required

Meaningful Use Attestation/Disclaimer

Provider	CCN	Submission Period	With Respect to Reporting Period
[redacted]	[redacted]	01/01/2017 - 02/28/2018	01/01/2017 - 12/31/2017

Attestation Disclaimer * Required field

Attestation Disclaimer

General Notice

NOTICE: Any person who knowingly files a statement of claim containing any misrepresentation or any false, incomplete or misleading information may be guilty of a criminal act punishable under law and may be subject to civil penalties.

Signature of Hospital Representative

I certify that foregoing information is true, accurate and complete. I understand that Medicare EHR Incentive Program payment I requested will be paid from Federal funds, that by filing this attestation I am submitting a claim for Federal funds, and that the use of any false claims, statements, or documents, or the concealment of a material fact used to obtain a Medicare EHR Incentive Program payment, may be prosecuted under applicable Federal or State criminal laws and may also be subject to civil penalties.

I hereby agree to keep such records as are necessary to demonstrate that I met all Medicare EHR Incentive Program requirements and to furnish those records to the Medicaid State Agency, Department of Health and Human Services, or contractor acting on their behalf.

No Medicare EHR Incentive Program payment may be paid unless this attestation form is completed and accepted as required by existing law and regulations (42 CFR 495.10).

NOTICE: Anyone who misrepresents or falsifies essential information to receive payment from federal funds requested by this form may upon conviction be subject to fine and imprisonment under applicable Federal laws.

ROUTINE USE(S): Information from this Medicare EHR Incentive Program registration form and subsequently submitted information and documents may be given to the Internal Revenue Service, private collection agencies, and consumer reporting agencies in connection with recoupment of any overpayment made and to Congressional Offices in response to inquiries made at the request of the person to whom a record pertains. Appropriate disclosures may be made to other federal, state, local, foreign government agencies, private business entities, and individual providers of care, on matters relating to entitlement, fraud, program abuse, program integrity, and civil and criminal litigation related to the operation of the Medicare EHR Incentive Program.

DISCLOSURES: This program is an incentive program. Therefore, while submission of information for this program is voluntary, failure to provide necessary information will result in delay in an incentive payment or may result in denial of Medicare EHR Incentive Program payment. Failure to furnish subsequently requested information or documents to support this attestation will result in the issuance of an overpayment demand letter followed by recoupment procedures.

It is mandatory that you tell us if you believe you have been overpaid under the Medicare EHR Incentive Program. The Patient Protection and Affordable Care Act, Section 6402, Section 1128J, provides penalties for withholding this information.

Enter your Position and click 'Submit'.

* ○ Yes, I Acknowledge

arrow 1

arrow 2

* **Position**

Back Submit Print