



Provider Appeal Filing Request

Instructions:

*This request allows a provider to formally appeal an issue within the EHR Incentive Program. All required forms and attachments must be sent to **PHIX@cms.hhs.gov**. Providers may also contact the EHR Information Center's toll free number, 888-734-6433, between 9 a.m. and 5 p.m. EST, Monday through Friday.*

Section 1: Appeal Request Information

1.1 What provider type best describes your EHR Incentive Program enrollment:

- | | |
|--|--|
| <input type="checkbox"/> Doctor of medicine or osteopathy | <input type="checkbox"/> Doctor of optometry |
| <input type="checkbox"/> Doctor of dental surgery or dental medicine | <input type="checkbox"/> Chiropractor |
| <input type="checkbox"/> Doctor of Podiatry | <input type="checkbox"/> Other |

1.2 Please indicate which appeal you would like to file. (Check all that apply)

- An **eligibility appeal** allows a provider to show that all the EHR Incentive Program requirements were met and he or she should have received a payment but could not because of circumstances outside of the provider's control.
- A **meaningful use appeal** allows a provider to show that he or she used certified electronic health record technology and met the meaningful use.
- Other (Please explain)



Section 2: Provider information

2.1 Please provide the following information regarding the provider that is applying for the EHR Incentive Program.

- a. Provider Name
- b. Business address
- c. Business telephone number
- d. National Provider Identifier (NPI)
- e. Certified EHR Technology product name used by provider
- f. EHR Certification No., which is the same number as the CMS EHR Certification ID provided by the Office of the National Coordinator (ONC) via <http://onc-chpl.force.com/ehrcert>

2.2 Please provide the information below for the person working on behalf of the provider for the EHR Incentive Program.

- a. Name
- b. Title
- c. Telephone Number
- d. Email address
- e. Correspondence Address
 Check if same as business address



Section 3: EHR Incentive Program Information

3.1 Did you successfully register in the EHR Incentive Program? **Yes** **No**

3.2 Did you successfully attest in the EHR Incentive Program? **Yes** **No**

If you did not successfully attest, please fill in your 90-day EHR Reporting Period.

EHR Reporting Period start date (MM/DD/YYYY):

EHR Reporting Period end date (MM/DD/YYYY):

3.3 Have you contacted the EHR Information Center regarding any issues related to this appeal request? **Yes** **No**

If yes, please provide all relevant Inquiry ID numbers provided to you by the EHR Information Center:

3.4 Did your EHR technology output incorrect data? **Yes** **No**

3.5 Can you show meaningful use by electing a new reporting period? **Yes** **No**

If yes: Please indicate the new Reporting period:

EHR Reporting Period start date (MM/DD/YYYY):

EHR Reporting Period end date (MM/DD/YYYY):

3.6 Did you receive an EHR incentive payment? **Yes** **No**



Section 4: Appeal Issues

4.1 Please check the issues regarding your qualification or participation in the EHR Incentive Program that correspond to the appeal type checked below.

Please note: All issues must be raised for each applicable appeal type during this initial appeal filing.

Appeal Type:

Eligibility

- Unable to register due to a PECOS error
- Unable to register out of provider's control

Meaningful Use

- Attestation expired as the result of non-compliance for e-Reporting clinical quality measures (CQMs)
- Non-certified EHR technology
- Adverse audit

Other

- Change between Medicare to Medicaid programs
- Canceled previous year's attestation and request to attest for current year
- Withdrew attestation – returned payment



Section 5: File appeal

Disclaimer: *I hereby accept and attest that the information provided above is true, accurate, and complete to the best of my knowledge and that all relevant appeal issues for each appeal type have been raised for review by CMS. I understand that any falsification, omission, or concealment of any material fact may subject me to administrative, civil, or criminal liability.*

Accept Decline



Section 6: Supporting documentation

Supporting documentation checklist

- Certified EHR Technology proof of purchase
- Reports from the provider's Certified EHR Technology that validate the 15 Core Meaningful Use measures and/or Exclusions
- Reports from the provider's Certified EHR Technology that validate five menu measures
- Reports from the provider's Certified EHR Technology that validate at least nine Clinical Quality Measures (CQM)
- Attestation worksheet for Eligible Professionals available at <http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/downloads/EP-Attestation-Worksheet.pdf>
- Print out of the results page from the Meaningful Use Attestation Calculator available at <http://www.cms.gov/apps/ehr/meaningful-use-calculator.aspx>
- CMS-855 application and any correspondence validating that the Provider Enrollment Chain and Ownership System (PECOS) enrollment records was filed
- Additional documentation: *Please provide an explanation for the additional documentation included in the space below (attach additional pages, if necessary):*



Section 7: Issues raised (continued)