



## Fiscal Year 2015 ELIGIBLE HOSPITAL 2015 HARDSHIP EXCEPTION APPLICATION

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### MEDICARE 2015 Electronic Health Record (EHR) INCENTIVE PROGRAM INFORMATION

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#### Returning Hospitals to the EHR Incentive Program

- If you successfully met Meaningful Use in 2013, you will be **excluded** from the payment adjustment and do not need to submit a Hardship Exception Application for Payment Year 2015.
- If you did not successfully meet Meaningful Use in 2013 and you would like to apply for a Hardship Exception, you must submit your Application no later than midnight EDT on April 1, 2014.

#### Hospitals that have not participated in the EHR incentive Program

- If you have not previously participated in the EHR Incentive Program and would like to participate for Program Year 2014, you have until July 1, 2014 to successfully attest and avoid payment adjustment.
- If you have not previously participated in the EHR incentive program and would like to submit a Hardship Exception Application, you must submit your Application no later than midnight EDT on April 1, 2014.

#### Hospitals that **DO NOT** need to submit this form

- **New Hospitals** - If you are a new Hospital enrolling in the Medicare program, you **DO NOT** need to submit this form. You will be granted a Hardship Exception and are automatically exempt from the 2015 payment adjustment based on the data in Medicare Provider Enrollment, Chain and Ownership System (PECOS). For additional information please refer to the Hospital Tip Sheet at [http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/PaymentAdj\\_HardshipExcepTipsheetforHospitals.pdf](http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/PaymentAdj_HardshipExcepTipsheetforHospitals.pdf)

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### BASIC APPLICATION INFORMATION

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- This Application must be fully completed for any Eligible Hospital to formally file a Hardship Exception Application within the Medicare Electronic Health Record (EHR) Incentive Program.
- To file a Hardship Exception Application, the circumstance must be beyond the Hospital's control *and* the Hospital must explicitly outline how the circumstance significantly impaired the Hospital's ability to meet Meaningful Use.
- To avoid the 2015 payment adjustment, this request must also be submitted electronically or postmarked by Midnight EDT, on the appropriate deadline of: **April 1, 2014 for all Hospitals.**
- The date this Application and supporting documentation are received will be the submission date.
- If approved, this Hardship Exception is valid for 1 payment year only. If the Hospital claims a Hardship Exception for the following payment year, a new Application must be submitted.
- Determinations made by CMS or their designee regarding Hardship Exceptions are final and cannot be appealed.
- All Hardship Exception determinations will be returned to the email address provided.

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### INSTRUCTIONS FOR COMPLETING AND SUBMITTING THIS APPLICATION

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- This Application will be reviewed when the completed form is received along with all required supporting documentation.
- All documentation is required at the time of submission and additional documentation will not be accepted.



- Electronic submission of this Application is strongly recommended. If electronic submission is not possible, please TYPE or PRINT all information using blue or black ink; do not use pencil.
- This completed Application and all supporting documentation must be attached to an email and sent to [ehrhardship@provider-resources.com](mailto:ehrhardship@provider-resources.com)
- For Hospitals without Internet connectivity, submit this Application and all supporting documentation via fax to **814-464-0147**.
- Retain a copy of your completed Hardship Exception Application for your records.

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## SECTION 1: HARDSHIP APPLICATION INFORMATION

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### Section 1.1 – Check one box and complete the following required sections.

The following types of Hospitals are defined in 42 CFR §495.100 as eligible to participate in the Medicare EHR Incentive Program. Select the type that best describes your EHR Incentive Program enrollment:

Eligible Hospitals (only one option required):

- Hospital qualified for or participating in the Medicare EHR Incentive Program
- Critical Access Hospital qualified for or participating in the Medicare EHR Incentive Program
- Medicare Advantage (MA) Organization representing an MA-Affiliated Hospital qualified for or participating in the Medicare EHR Incentive Program
- Hospital qualified for or participating in the Medicare EHR Incentive Program



**Section 1.2 – Review the information below and indicate the Hardship Exception you would like to file (check one reason that best applies to the circumstance preventing demonstration of Meaningful Use).**

REASON FOR APPLICATION	HARDSHIP EXCEPTION INFORMATION	REQUIRED SECTIONS
<input type="checkbox"/> <b>Lack of Infrastructure</b>	During any 90 day period from October 1, 2013 to April 1, 2014 (the beginning of the year that is 2 years before the payment adjustment year to April 1 of the year preceding the payment adjustment year), the Hospital was located in an area without sufficient Internet access to comply with the Meaningful Use objectives requiring Internet connectivity, and faced insurmountable barriers to obtaining such Internet connectivity.	Complete 2, 3.1 and 4
<input type="checkbox"/> <b>Unforeseen and/or Uncontrollable Circumstances</b>	During the past 1 or 2 fiscal years (2013 and 2014) preceding the payment adjustment year (2015), the Hospital faced extreme and uncontrollable circumstances that prevented the Hospital from becoming a meaningful EHR user.	Complete 2, 3.2 and 4
<input type="checkbox"/> <b>2014 EHR Vendor Issues</b>	During the fiscal year (2014) preceding the payment adjustment year (2015), the Hospital's EHR vendor was unable to obtain 2014 certification or the Hospital was unable to implement meaningful use due to 2014 EHR certification delays.	Complete 2, 3.3 and 4



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**SECTION 2: HOSPITAL INFORMATION**

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**Section 2.1 – Provide the following information regarding the Hospital that is applying for the Hardship Exception for the EHR Incentive Program (fields marked with \* are required).**

Legal Hospital Name*		
Hospital Address Line 1 (Street Name and Number – not a Post Office Box)*		
Hospital Address Line 2		
City/Town*	State*	
County*	Zip Code*	+4 (if applicable)
Email Address (required unless Internet access unavailable)*		
Business Telephone Number (include Area Code)*		Extension
National Provider Identifier (NPI) (10 digits)*	CMS Certification Number (CCN) (6 digits)*	
EHR Technology Product Name(s) and Version Number used by Hospital		
CMS EHR Certification ID provided by the Office of the National Coordinator (ONC) via <a href="http://onc-chpl.force.com/ehrcert">http://onc-chpl.force.com/ehrcert</a> . If product no longer has a Certification ID, please provide prior Certification ID.		



**Section 2.2 – Provide the information below for the person working on behalf of the Hospital applying for the Hardship Exception for the EHR Incentive Program. All return correspondence will be sent to the contact listed in section 2.2 (fields marked with \* are required).**

First Name*	Middle Initial	Last Name*	Suffix
Mailing Address Line 1*			
Mailing Address Line 2			
City/Town*		State*	
County*	Zip Code*	+4 (if applicable)	
Email Address (required unless Internet access is unavailable)*			
Business Telephone Number (include Area Code)*		Extension	



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### SECTION 3: HARDSHIP EXCEPTION APPLICATION INFORMATION

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**Section 3: Based on the Application type selected in Section 1.2, complete the appropriate information below**

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**Section 3.1 - Lack of Infrastructure (complete all information in Section 3.1 below).**

What is the size of the Hospital? (Check one of the following) (\*required)

- Nursing home  Hospital  
 Rural Health Clinic (1 to 5 physicians)  Academic/Large Medical Center  
 Clinic/Large Practice (5-25 physicians)

Is Internet connectivity available at the Hospital location by any means? (Check yes or no)

- Yes  
 No

If Internet connectivity is available, what is the minimum bandwidth available at the Hospital location? (Check one of the following)

- Less than 4 megabits per second (Mbps)  Greater than 100 megabits per second (Mbps)  
 Between 4 and 10 megabits per second (Mbps)  Greater than 1000 megabits per second (Mbps)  
 Greater than 10 megabits per second (Mbps)

If Internet connectivity is available, what is the cost associated with establishing the minimum required infrastructure for the Hospital size? (Check one of the following)

- Internet Connectivity not available  
 Internet Connectivity is available at a cost  
 Monthly service fee: \$   
 One-time infrastructure build-out cost: \$

The Hospital was unable to meet Meaningful Use due to (indicate all that apply):

- The Hospital cannot transmit data electronically  
 The Hospital cannot provide patients with electronic access to their health information  
 The Hospital cannot submit electronic data to immunization registries or public health agencies  
 Other

**Items to include with the Application (\*required)**

- Proof of Hospital size\*  
 Monthly service fee quote from Internet Service Provider (if Internet access available)  
 One-time Infrastructure build-out cost quote from Internet Service Provider (if Internet access available)



**Section 3.2 - Unforeseen and/or Uncontrollable Circumstances**

Review and **indicate one** of the following circumstances outlined below (Sections 3.2.1 through 3.2.4).

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**Section 3.2.1 Disaster**

Date of Disaster (MM/DD/YYYY):

Has the Hospital previously demonstrated Meaningful Use?

- Yes
- No

Indicate the type of disaster below:

- Fire
- Tornado
- Hurricane/Tropical Storm
- Other (provide brief description):
- Disaster declared by FEMA or HHS
- Flood
- Explosion

The Hospital was unable to meet Meaningful Use due to (indicate all that apply):

- Continued seeing patients at a temporary location without access to Certified EHR Technology or lost access to Certified EHR Technology at the primary location
- Unable to recover data necessary to attest to Meaningful Use
- Normal operations were suspended during the Meaningful Use attestation window (anytime from the end of the EHR reporting period to the two months after the year)
- Other:

**Items to include with the Application (\*required unless declared disaster area by FEMA or HHS)**

- Proof of disaster (examples: insurance verification, newspaper article with source, etc.)\*
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**Section 3.2.2 Closure of Hospital**

Date of Closure (MM/DD/YYYY):

Has the Hospital previously demonstrated Meaningful Use?

- Yes
- No



The Hospital was unable to meet Meaningful Use due to: (Indicate all that apply)

- New Hospital does not use Certified EHR Technology
- Unable to obtain data necessary to attest to Meaningful Use from closed Hospital
- Other:

**Items to include with the Application (\*required)**

- Proof of closure/dissolution of Hospital\*

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**Section 3.2.3 Bankruptcy or Debt Restructuring**

Date of Bankruptcy/Debt Restructuring Filing (MM/DD/YYYY):

Has the Hospital previously demonstrated Meaningful Use?

- Yes
- No

Is the Hospital still associated with the organization that filed for bankruptcy/debt restructuring?

- Yes
- No

Date of the expected emergence from the bankruptcy/debt restructuring (MM/DD/YYYY):

**Items to include with the Application (one selection below required)**

- Voluntary Petition - submit a signed and dated Voluntary Petition/Official Form 1 (B1) that was filed with the bankruptcy court (do not include exhibits A, B, C or D or any attached schedules).
- Involuntary Petition - submit a signed and dated Involuntary Petition/Official Form 5 (B5) that was filed with the bankruptcy court.
- In the alternative, a copy of the bankruptcy judge's order or judgment issued will be accepted. The document submitted must contain the debtor's name; the docket number; and the date of the court order.

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**Section 3.2.4 EHR Certification/Vendor Issues (indicate one)**

- Loss of EHR Certification
- Closure of EHR Vendor

Has the Hospital previously demonstrated Meaningful Use?

- Yes
- No





Date of Notification from EHR Vendor (MM/DD/YYYY):

Name of EHR product and version number or vendor that has lost certification or closed:

**Items to include with the Application (\*required)**

Notification from EHR vendor\*

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**Section 3.3 - 2014 EHR Vendor Issues (complete all information in Section 3.3 below).**

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Please check one:

- Vendor unable to obtain 2014 certification
- Provider unable to implement meaningful use due to 2014 EHR certification delays

Has the Hospital previously demonstrated Meaningful Use?

- Yes
- No

Date of Notification from EHR Vendor (MM/DD/YYYY):

Name of EHR product and version number or vendor:

**Items to include with the Application (\*required)**

Notification from EHR vendor\*



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## SECTION 4: CERTIFICATION STATEMENT FOR HARDSHIP EXCEPTION APPLICATION

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**Section 4: Read the certification statement below and confirm the following:**

### **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 the foregoing information is true, accurate, and complete. I understand that the Medicare EHR Incentive Program hardship exception I requested will request in a change in the amount I will be paid from Federal Funds, and that by filling this hardship exception I am submitting a claim for Federal Funds, and the use of any false claims, statements, or documents, or the concealment of a material fact used to obtain a Medicare EHR Incentive Program hardship exception, 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 support the application submitted for a hardship exception of the Medicare EHR Incentive Program and to furnish those records both in the application and at a future time upon request from the Department of Health and Human Services, or a contractor acting on their behalf.

No Medicare EHR Incentive Program exception may be granted unless this application is completed and approved as required by existing law and regulations (42 CFR 495.102).

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 hardship exception 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 responses to inquiries made at the request of the person to whom a record pertains. Appropriate disclosures may be made to other federal, state, local and 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 relation to the operation of the Medicare EHR Incentive Program.

DISCLOSURES: This program is an incentives program. Therefore, while submission of information for this program is voluntary, failure to provide necessary information will result in delay in processing the hardship exception application or may result in a denial of a hardship exception for the Medicare EHR Incentive Program payment. Failure to furnish subsequently requested information or documents to support this attestation may result in overpayments and 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.



By confirming this certification statement, I agree, and it is my intent, to sign this Application and affirmation by including my name and the date below. I understand that completing the information below is the legal equivalent of having placed my handwritten signature on the submitted Application and this affirmation.

**Confirm\***

\*Date (MM/DD/YYYY):

\*Type name of individual completing form:

If you are printing out this form, please provide your handwritten signature below.

Signature: