



**2017 ELIGIBLE PROFESSIONAL (EP)
PAYMENT ADJUSTMENT RECONSIDERATION APPLICATION INSTRUCTIONS
FOR THE MEDICARE EHR INCENTIVE PROGRAM**

If you feel that you are subject to the payment adjustment for Medicare in error, please follow these instructions to apply for payment adjustment reconsideration for Program Year 2017.

BASIC APPLICATION INFORMATION

- This application must be fully completed.
- To be reconsidered for the 2017 payment adjustment, this application must be submitted electronically by **February 28, 2017**.
- The date the application is received will be the submission date.
- If approved, this payment adjustment reconsideration is valid for 2017 payment adjustments only.

INSTRUCTIONS FOR COMPLETING AND SUBMITTING THE APPLICATION

- **Electronic submission of the application is strongly recommended.**
- Download and save a copy of the PDF application to your computer before filling out the application. Then open the file from your computer using Adobe Acrobat Reader. If you do not have Adobe Acrobat Reader, you can download it for free at <https://get.adobe.com/reader>. Please do not use any other PDF tool to fill out the application as it may result in errors.
- The application must be attached to an email and sent to pareconsideration@provider-resources.com.
- **Applications must be directly accessible through the email attachment in an unsecured pdf format or via fax.**
- If electronic submission is not possible by any means, please TYPE or PRINT all information using blue or black ink; do not use pencil; submit the application via fax to **814-464-0147**.
- Retain a copy of your completed application for your records.