



**2018 ELIGIBLE HOSPITAL  
PAYMENT ADJUSTMENT RECONSIDERATION INSTRUCTIONS  
FOR MEDICARE ELECTRONIC HEALTH RECORD (EHR) INCENTIVE PROGRAM**

If you feel the Eligible Hospital is subject to the payment adjustment for Medicare in error, please follow these instructions to apply for payment adjustment reconsideration for Fiscal Year 2018.

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**BASIC APPLICATION INFORMATION**

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- This application must be **fully** completed.
- To be reconsidered for the 2018 payment adjustment, this application must be submitted electronically by **December 15, 2017**.
- The date the application is received will be the submission date.
- If approved, this payment adjustment reconsideration is valid for 2018 payment adjustments only.

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**INSTRUCTIONS FOR COMPLETING AND SUBMITTING THE APPLICATION**

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- **Electronic submission of the 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.
- 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.
- **Applications must be directly accessible through the email attachment in an unsecured pdf format or via fax.**
- The application must be attached to an email and sent to [pareconsideration@provider-resources.com](mailto:pareconsideration@provider-resources.com).
- If electronic submission is not possible by any means, submit the application via fax to **814-464-0147**.
- Retain a copy of your completed application for your records.