



Hospital 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 facility type best describes your EHR Incentive Program enrollment:

- 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 Organization representing a MA-Affiliated hospital qualified for or participating in the Medicare EHR Incentive Program
- Hospital qualified to participate in both Medicare and Medicaid EHR Incentive Programs
- Hospital participating in the Medicaid EHR Incentive Program
- Other (Please specify)

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

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

Section 2: Hospital information

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



- a. Hospital name
- b. CMS Certification Number (CCN) used to register for the EHR Incentive Program
- c. Business address
- d. Business telephone number
- e. National Provider Identifier (NPI) associated with the EHR Incentive Program
- f. Certified EHR Technology Product name used by the hospital
- g. CMS EHR Certification ID, which was provided by the Office of the National Coordinator (ONC)

2.2 Please provide the information below for the person working on behalf of the hospital 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**

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 Please fill in your EHR Reporting Period.

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

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

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

3.6 Can you show meaningful use by electing a new 90-day reporting period? **Yes** **No**
If yes: Please indicate the new 90-day Reporting period:

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

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

3.7 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

- Non-certified EHR technology
- Adverse audit

Other

- 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 facility's certified EHR Technology that validate the 14 core measures and/or Exclusions
- Reports from the facility's EHR Technology that validate the five menu measures
- Reports from the facility's EHR Technology that validate the 15 CQMs
- Printout of the results page from The Meaningful Use Attestation Calculator available at <http://www.cms.gov/apps/ehr/meaningful-use-calculator.aspx>
- 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)