Preparing for 2015 Participation

✓ Confirm your Stage

✓ Check registration information
  ❑ NPPES login information
  ❑ Make sure e-mail address is correct
  ❑ Verify that the Medicare Administrative Contractor (MAC) has the correct banking information and payee information (bank account and routing number, payee address, NPI and TIN)
  ❑ Make sure to have an active and approved enrollment record in the Provider Enrollment, Chain and Ownership System (PECOS)
  ❑ Identity and Access Management (I&A)
    ▪ Make sure surrogate users are up-to-date
Preparing for 2015 Participation

✓ Review the ONC Health IT Certification Program and the **Certified Health IT Products List (CHPL)**, which include real time information on what products are certified for what functionalities.

✓ Confirm **CMS EHR Certification ID**
  - During attestation EPs and eligible hospitals share their CMS EHR Certification ID with CMS
  - Detailed instructions on how to obtain a CMS EHR Certification ID are available on the [CHPL website](http://www.cms.gov/EHRIncentivePrograms/)

✓ For more information and resources, visit the “Registration and Attestation” page on the EHR Incentive Programs website: [https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/RegistrationandAttestation.html](https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/RegistrationandAttestation.html)
Attestation & Payment Adjustments

EHR reporting period for payment adjustment year = any continuous 90-day period

For EHR reporting period in 2015:
✓ Providers can attest to meaningful use for EHR reporting period in 2015 beginning January 4, 2016
✓ All Medicare providers must attest by February 29, 2016
✓ All providers must:
  ✓ Use CEHRT certified to the 2014 Edition
  ✓ Submit Clinical Quality Measures
Alternate Exclusions & Specifications

- Providers scheduled to be in Stage 1 may opt to use the alternate exclusions and specifications, but they are not required to use them.

- The EHR Incentive Programs registration and attestation system will automatically identify those providers who are eligible for alternate exclusions and specifications.

- Upon attestation, these providers will be offered the option to attest to the Modified Stage 2 objective and measure, and the option to attest to the alternate specification or claim the alternate exclusion, if available.

- The provider may independently select the option available to them for each measure for which an alternate specification or exclusion may apply.
Hardship Exceptions

• If a provider is unable to meet the requirements of meaningful use for an EHR reporting period in 2015 for reasons related to the timing of the publication of the final rule, a provider may apply for a hardship exception under the "extreme and uncontrollable" circumstances category.

• Each hardship exception application will be reviewed on a case-by-case basis, as required by law.

• In the past, CMS has considered these applications seriously and, in fact, has approved over 85% of hardship exemptions.

To learn more, see FAQ# 12845: https://questions.cms.gov/faq.php?faqId=12845&id=5005
CMS Help Desks

EHR Information Center Help Desk
• (888) 734-6433 / TTY: (888) 734-6563
• Hours of operation: Monday-Friday 8:30 a.m. – 4:30 p.m. in all time zones (except on Federal holidays)

NPPES Help Desk
• Visit https://nppes.cms.hhs.gov/NPPES/Welcome.do
• (800) 465-3203 - TTY (800) 692-2326

PECOS Help Desk
• Visit https://pecos.cms.hhs.gov/
• (866) 484-8049 / TTY (866) 523-4759

Identification & Access Management System (I&A) Help Desk
• PECOS External User Services (EUS) Help Desk Phone: 1-866-484-8049
• TTY 1-866-523-4759
• E-mail: EUSSupport@cgi.com
New Resources Available

• Additional information available on new 2015 Program Requirements page: cms.gov/ehrincentiveprograms

• FAQs on rule available on FAQ site: https://questions.cms.gov