



**Florida Medicaid EHR Incentive Program  
Certification Flexibility Options Documentation Form**

**Please use this form only if you are taking advantage of the CMS Program Year 2014 Flexibility Rule and were not able to fully implement 2014 edition certified health record technology (CEHRT) to meet meaningful use for an EHR reporting period in 2014 due to delays in 2014 CEHRT availability. For more information, visit our website:** [**www.ahca.myflorida.com/medicaidehr**](http://www.ahca.myflorida.com/medicaid/ehr/)**. Questions can be emailed to** [**MedicaidHIT@ahca.myflorida.com**](mailto:ehrip-support@vitl.net)**.**

1. **Please print this form to complete and sign. Scan the signed form and upload to your MAPIR attestation.**
2. **Please also upload any additional documentation you may have to support your explanation, such as letters or email correspondence from your EHR vendor, or screen shots.**

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| --- | --- | --- | --- |
| **Provider Name:** | Click here to enter text. | **Provider NPI:** | Click here to enter text. |
| **Name of EHR Vendor:** | Click here to enter text. | | |
| **EHR Product and Version #:** | Click here to enter text. | | |
| **EHR Certification ID#:** | Click here to enter text. | **Date Certified:** | Click here to enter a date. |
| **Date 2014 CEHRT**  **Installed/Acquired:** | Click here to enter a date. | **For Program Year 2014 the Provider was Scheduled to Demonstrate**: **Stage 1** **Stage 2** | |

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| **For Program Year 2014, the provider is attesting to the designated MU option (Check ONE box as appropriate)**: | | | |
| **Utilizing 2011 Edition CEHRT** (“000” in the 3rd- 5th digits, e.g. A0**000**01ABCD0XYZ): | 2013 Stage 1 |  |  |
| **Utilizing 2011 & 2014 Edition CEHRT** (“H13” in the 3rd- 5th digits, e.g. A0**H13**01ABCD0XYZ): | 2013 Stage 1 | 2014 Stage 1 | 2014 Stage 2 |
| **Utilizing 2014 Edition CEHRT** (“14E” in the 3rd- 5th digits, e.g. A0**14E**01ABCD0XYZ): | 2014 Stage 1 |  |  |

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| **✓** | **The provider was unable to *fully implement* 2014 CEHRT due to the following reasons. Check all that apply and provide a detailed explanation. Please attach additional pages as needed.** | |
|  | **Vendor Software Development Delay** | Click here to enter text. |
|  | **Vendor Missing or Delayed Software Updates** | Click here to enter text. |
|  | **Able to Implement for Only Part of the Reporting Period** | Click here to enter text. |
|  | **Unable to Train Staff** | Click here to enter text. |
|  | **Unable to Test New System** | Click here to enter text. |
|  | **Unable to Establish New Workflows** | Click here to enter text. |
|  | **Unable to Meet Stage Two Summary of Care records** | If attesting to this reason, please upload a list of the provider’s primary transition partners, approximately what percent of your TOC each receives, and their status on 2014 Edition CEHRT. |
|  | **Other** | Click here to enter text. |

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| **I understand that statements in this document are subject to Florida’s audit strategies for detecting EHR Incentive Program fraud, waste, and abuse. I also understand that falsification or concealment of a material fact may be prosecuted under Federal and State laws.** | | |
| Click here to enter text. | **Signature** | Click here to enter a date. |
| **Print Name  Attesting Provider  Preparer** | **Date** |