

NOTICE: This attestation is required for participation in the Washington State Electronic Health Record (EHR) Incentive Payment Program to individual professionals and eligible hospitals who adopt, implement, upgrade (AIU) or meaningfully use (MU) certified EHR technology in accordance with requirements under United States Department of Health and Human Services, Centers for Medicare & Medicaid Services Final Rule regulations 42 CFR 495, Standards for the Electronic Health Record Incentive Program, revised July 28, 2010. The regulations implement the HITECH Act, part of the American Recovery and Reinvestment Act of 2009 (ARRA) (Public Law 111-5). To comply with the above cited regulations, the State of Washington requires that eligible professionals (EPs) and hospitals submit this Attestation.

Signature

MU User, SPPC and Information Blocking Language:

An EP, eligible hospital or CAH that (hereinafter "health care provider") must demonstrate that it satisfies each of the applicable objectives and associated measures under §§ 495.20, 495.22 and 495.24, supports information exchange and the prevention of health information blocking, and engages in activities related to supporting providers with the performance of CEHRT, as follows:

For an EHR reporting period in CY 2017 and subsequent years, the health care provider must attest that it

STATEMENT 1: A health care provider must attest that it did not knowingly and willfully take action (such as to disable functionality) to limit or restrict the compatibility or interoperability of certified EHR technology.

STATEMENT 2: A health care provider must attest that it implemented technologies, standards, policies, practices, and agreements reasonably calculated to ensure, to the greatest extent practicable and permitted by law, that the certified EHR technology was, at all relevant times:

(1) Connected in accordance with applicable law;

(2) Compliant with all standards applicable to the exchange of information, including the standards, implementation specifications, and certification criteria adopted at 45 CFR part 170;

(3) Implemented in a manner that allowed for timely access by patients to their electronic health information (including the ability to view, download, and transmit this information);

and (4) Implemented in a manner that allowed for the timely, secure, and trusted bi-directional exchange of structured electronic health information with other health care providers (as defined by 42 U.S.C. 300jj(3)), including unaffiliated health care providers, and with disparate certified EHR technology and vendors.

STATEMENT 3: A health care provider must attest that it responded in good faith and in a timely manner to requests to retrieve or exchange electronic health information, including from patients, health care providers (as defined by 42 U.S.C. 300jj(3)), and other persons, regardless of the requestor's affiliation or technology vendor.

To engage in activities related to supporting providers with the performance of CEHRT, the health care provider –

STATEMENT 4: A health care provider must attest that it acknowledges the requirement to cooperate in good faith with ONC direct review of its' health information technology certified under the ONC Health IT Certification Program if a request to assist in ONC direct review is received; and

STATEMENT 5: A health care provider must attest that if requested, it cooperated in good faith with ONC direct review of its' health information technology certified under the ONC Health IT Certification Program as authorized by 45 CFR part 170, subpart E, to the extent that such technology meets (or can be used to meet) the definition of CEHRT, including by permitting timely access to such technology and demonstrating its capabilities as implemented and used by the health care provider in the field.

Optionally:

STATEMENT 6: A health care provider must attest that it acknowledges the option to cooperate in good faith with ONC-ACB

surveillance of its' health information technology certified under the ONC Health IT Certification Program if a request to assist in ONC-ACB surveillance is received; and

STATEMENT 7: A health care provider must attest that if requested, it cooperated in good faith with ONC-ACB surveillance of its' health information technology certified under the ONC Health IT Certification Program as authorized by 45 CFR part 170, subpart E, to the extent that such technology meets (or can be used to meet) the definition of CEHRT, including by permitting timely access to such technology and demonstrating capabilities as implemented and used by the health care provider in the field.

Should you choose to opt out of Statements 6 & 7, please contact your state's Medicaid EHR Incentive team.

This Attestation certifies the following is known and understood:

1. That EPs are prohibited from seeking payment from another state or from the Medicare EHR incentive program in this payment year.
2. That the State can review, Verify and/or audit all information provided by the EP or hospital, both prior to and after payment has been made.
3. That the State can request AIU and/or MU supporting information not provided as part of the Washington Medicaid EHR registration, and can review, verify and/or audit both prior to and after payment has been made.
4. That the EP or hospital is required to retain the documentation that verifies patient volume calculations, AIU, MU, and any other information that validates the appropriateness of the EHR incentive payments received, and do so for 6 years from the date of the final payment.
5. That the submission of any false information in this agreement or this process may result in the EP or hospital being declared ineligible to participate in the Washington State Medicaid EHR Incentive Program.
6. That any incentive payments paid to the EP or hospital, later found to have been made based on fraudulent or inaccurate information or attestation, may be recouped by the state.
7. That the EHR incentive payments will be treated like all other income and are subject to Federal and State laws regarding income tax, wage garnishment, and debt recoupment.

This Attestation also certifies that the following is true and understood:

1. This EP or hospital is voluntarily participating in the Washington State Medicaid EHR Incentive Program.
2. The EHR certification number provided is the correct number, and accurately represents the certified EHR system or combination of certified EHR modules adopted and/or in use by this EP, group practice, or hospital.
3. Any reassignment of an EHR incentive payment is made voluntarily, and with the full understanding that this means the reassigning EP or hospital will not receive the incentive payment directly.
4. The person completing this electronic attestation is the EP, or the representative of the EP, group practice or hospital, who has been duly authorized to commit the EP or hospital to the statements set forth in this Attestation.

I CERTIFY THAT the information provided in this attestation and during the registration process, as well as in the documents submitted in support of registration, are true, accurate and complete. I have read and understood this entire attestation. I understand that any Medicaid EHR incentive payment made, in part, or wholly as a result of this attestation will be from federal funds, and that falsification, or concealment of material facts may be prosecuted under federal and state laws.

Name : _____

Signature : _____

Date : _____

