# M-CEITA Call with NPO Practices 10/01/14

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**Question:** We attested for 2013, but then completely switched to a new EMR, and are not able to attest for 2014. What will the penalties be? Is there anything that we can do to avoid penalty?

Answer: If you reported successfully in 2013, you will not have any penalties in 2015. The relationship between attestation and penalties is as follows – if penalties are to be applied to an eligible provider, it is on account of whether or not he successfully attested as a meaningful user two years prior. The hardship, however, only has a one year look-back – i.e., if you have a bona-fide hardship in 2015, you have until July to apply for a hardship to prevent penalties from being applied in 2016.

You may be able to use the flexibility rule. A provider's ability to fully implement all of the functionality of 2014 Edition CEHRT may be limited by the availability and timing of product installation, deployment of new processes and workflows, and employee training.

- So, even if a provider has fully functional 2014 Edition CEHRT, s/he may still be able to use the new flexible options if s/he can attest that there was not enough time to fully implement the new software.

**Question:** As I looked through the information on Syndromic Surveillance from August 2014, it stated that for "follow up submission" status, a test message had to be sent quarterly, yet we are attesting to only one quarter this year. If we only did it for that quarter, what are our options? Are we not able to test to meaningful use?

Answer: Yes, you are required to have a test message every quarter including the reporting quarter. M-Ceita's recommendation is that you contact the State and the entity that you report Syndromic data through to see what options you have.

**Question:** Can Eclinical Works put in one HL7 message (for test message), that all Eclinical Works practices can use?

Answer: They will need to create and register an OID. Dan will need to follow up on whether the same message can be used for all Eclinical Works Practices.