Attestation Deadline Extension (ADE) Request Form

INSTRUCTIONS:

This form is used to request an attestation deadline extension by providing evidence that extenuating circumstances beyond the provider’s control prevented the provider from attesting in MEIPASS by the attestation deadline. The ADE Request Form must be submitted to HIT@health.ny.gov, within 14 days after the attestation deadline, to be formally considered for an extension by the NY Medicaid EHR Incentive Program and NYS Department of Health (NYS DOH).

SECTION 1: PROVIDER INFORMATION (All fields must be completed)

Provider Name: 

National Provider Identifier: (NPI)

Provider CMS Registration: ID

Email Address: 

Payment Year: 

Organization Name (if Applicable): 

SECTION 2: EXTENSION REQUEST JUSTIFICATION