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| **General Program Eligibility Questions\***  You will need to refer to your completed Medicaid EHR Incentive Program attestation in order to answer the questions below. You can access the attestation in MAPIR by going to: <https://www.or-medicaid.gov/ProdPortal/Home/tabId/36/Default.aspx>. Please note, some of the questions may require additional supporting documentation.  We prefer the questionnaire and supporting documentation are uploaded directly to MAPIR. If you need to submit via secure email, you may send the information to: [Medicaid.EHRIPAudits@state.or.us](mailto:Medicaid.EHRIPAudits@state.or.us). |
| **Provider:**  **NPI:** |
| 1. The person responsible for completing the questionnaire:   Name:  Phone:  Email:  Please check one:  Provider who is being audited  Representative on behalf of provider |
| 1. Clinic Information:    1. Was the provider employed at multiple locations during the time of attestation?   Yes  No   * 1. If yes, are all of the provider encounters captured in one EHR system? |
| 1. Patient Volume:    1. For the 90-day patient volume period you selected for your attestation [Enter Dates], please provide a list of all patient encounters, sorted by insurance payer (in Excel format). Fields required are patient ID, insurance ID, date of visit, location (if more than one), specification if location is a Federally Qualified Health Center (FQHC), a Rural Health Center (RHC), or an Indian Health Clinic (IHC), provider name, and insurance payer (including and specifying encounters provided at no cost or where cost was reduced on a sliding scale based on the ability to pay). This list must include patients without insurance. **Insurance payers included in the Medicaid numerator must be specified with the Medicaid ID**.    2. Please describe how you determined the numerator and denominator for the patient volume timeframe.    3. Please demonstrate how you calculated the patient volume.    4. If attesting as a group, please list all group providers with titles and locations (if more than one) for the patient volume timeframe. |
| 1. FQHC/RHC/IHC (if attested to practicing predominantly in an FQHC/RHC):   Please provide a copy of the employment contract for the provider, including the employment effective dates and number of hours worked per week for the payment year 2014. |
| 1. Technical assistance:   While not required, many providers were assisted by 3rd parties in implementing their EHR or achieving MU Stage 1. Did you receive assistance in implementing an EHR or achieving MU Stage 1 from any of the following sources (check all that apply)?  Regional Extension Center  Consultant  Internal Information Technology Department  EHR Vendor  I Received No Assistance |