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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.  |
| **Provider Name:** **NPI:**  |
| 1. Who’s 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 EHR reporting period?

[ ] Yes [ ] No* 1. If yes, are all of the provider encounters captured in one EHR system?
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| 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.
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| 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 while achieving Meaningful Use. Did you receive assistance in implementing an EHR while achieving Meaningful Use from any of the following sources (check all that apply)?[ ] Regional Extension Center [ ] Consultant[ ] Internal Information Technology Department[ ] EHR Vendor[ ] I Received No Assistance |

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| **Meaningful Use (MU) Questions****Questions 1-4 pertain to your EHR used to report MU** |
| 1. What type of reporting tools were used to report MU: (Check all that apply)

[ ] practice developed MU reporting independently[ ] practice relied on the EHR vendor to provide accurate MU reports[ ] practice outsourced our reporting to a 3rd party vendor or used another 3rd party reporting solution [ ] practice customized the EHR vendor’s report to fit the needs of our organization1. Please provide a description of the procedures performed to independently validate the integrity (completeness and accuracy) of MU reports.
2. Please provide the original MU and CQM report (e.g., “scorecard”, “dashboard”) used during attestation from your certified EHR technology that supports your attestation. (This does not apply if the MU and CQM report was uploaded during pre-payment.)
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| **Questions 5-7 pertain to excluded and selected measures from your MU attestation**  |
|  5. For the core and menu measures that were excluded, provide a brief description of the circumstances which caused you to meet the criteria for the exclusion.  6. Please provide a description explaining why each menu measure was selected (except the public health immunizations measure, which is required).   |

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| **Questions 8-9 pertain to general MU measures** |
| **General Measure 1 requires providers who work at one site or multiple sites have at least 50% of all their encounters during the EHR reporting period take place at a location with certified EHR technology.****General Measure 2 requires at least 80% of unique patents seen during the EHR reporting period must have their data in the certified EHR during the EHR reporting period.** | 8. Using the tables below, complete the applicable fields for your practice locations during the EHR reporting period (or submit a separate spreadsheet with these fields).

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| Practice Name #1 |  |
| Practice Address |  |
| EHR System Certification # |  |
| #Patient encounters w/certified EHR technology (CEHRT) **(General Measure 1)** |  |
| #Patient encounters without CEHRT **(General Measure 1)** |  |
| #Unique patient records maintained using CEHRT **(General Measure 2)** |  |
| #Unique patient records NOT maintained using CEHRT **(General Measure 2)** |  |

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| Practice Name #2 |  |
| Practice Address |  |
| EHR System Certification # |  |
| #Patient encounters w/certified EHR technology (CEHRT) **(General Measure 1)** |  |
| #Patient encounters without CEHRT **(General Measure 1)** |  |
| #Unique patient records maintained using CEHRT **(General Measure 2)** |  |
| #Unique patient records NOT maintained using CEHRT **(General Measure 2)** |  |

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| **General Measure 2 requires at least 80% of unique patents seen during the EHR reporting period must have their data in the certified EHR during the EHR reporting period.** | 9. Please provide the following:* Please provide a description and documentation of how you determine unique patients seen during the EHR reporting period in the practice.
* For unique patients, please provide a description of how unique patients are determined in a single practice and when the provider practices in multiple practices and groups.
* For unique patient encounters, please provide a description of what visit types are included in this calculation for meaningful use reporting period.
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|  **Core Measures** | **Questions 10- 12 pertain to core MU measures** |
| **EPCMU04****(E-prescribing)**Generate and transmit permissible prescriptions electronically (eRx).**EPCMU13****(Clinical Summaries)****Clinical** summaries provided to patients for more than 50% of all office visits within 3 business days. | 10. Please provide the names and addresses for pharmacies that are the primary recipients of electronic prescriptions. If more than one pharmacy is used, please list up to five pharmacies. 11. Provide a sample copy of a clinical summary and describe how clinical summaries are provided to each patient after their visit and how this is tracked within the EHR (or other medium) for reporting purposes. |

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|  **Core Measures** |  |

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| **EPCMU15****(Protect Electronic Health Information)**Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities. | 12. Who performed the security risk analysis of the certified EHR and what criteria/standard were used? What were the risks/vulnerabilities identified? What were the steps taken to mitigate the risks/vulnerabilities?  * Please also provide a copy of the risk assessment or other documentation that you have that supports your attestation.
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|  **Menu Measures** | **Questions 15-20 pertain to MU menu measures** |
| **EPMMUO1****(Drug Formulary Checks)**Implement drug formulary checks.**EPMMU02****(Clinical Lab Test Results)**Incorporate clinical lab-test results into EHR as structured data.**EPMMU03****(Patient Lists)**Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research or outreach. | 15. If reported, please provide documentation for what formulary the certified EHR technology is using. *Possible Documentation Sources:** Screen shots from your EHR dated for the beginning of the EHR reporting period showing the function was installed and enabled.
* Screen shots from the EHR that demonstrates how the formulary works within the EHR.
* Copy of the audit log or report from your EHR that demonstrates the formulary is active and was active during the EHR reporting period.

16. If reported, please provide documentation for the types of lab orders which are included in the MU reports based on the requirement that they are lab orders typically expressed with a positive, negative or numeric result.17. If reported, please provide at least one report from your EHR listing patients with a specific condition. |

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|  **Menu Measures** |  |
| **EPMMU05****(Patient Electronic Access)**Provide patients with timely electronic access to their health information (including lab results, problem list, medication lists, and allergies) within 4 business days of the information being available to the EP.**EPMMU08****(Transition of Care Summary)**Provide summary for more than 50% of transitions of care and referrals.**EPMMU09****(Immunization Registries Data Submission)**Capability to submit electronic data to immunization registries or immunization information systems. | 18. If reported, please provide what technology you have in place to provide patients electronic access to their health information. Please include the patient portal link.19. If reported, please explain how you provide a summary of care and how that information is indicated within the EHR20. If reported, please provide evidence of at least one test or ongoing status of certified EHR technology’s capacity to submit electronic data to immunization registries. |