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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. Also, if you cannot access the attestation in MAPIR you may send an email to the below email and request a copy of the attestation.We require that the questionnaire and supporting documentation is sent in a secure email, please send the information to: 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?
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| 1. Patient Volume:
	1. For the 90-day patient volume period you selected for your attestation [Enter Dates], please provide an **Excel** document listing all patient encounters in one tab, and in another tab all Medicaid only encounters.
	2. Fields required in the Excel document are patient ID (only for denominator encounters), Medicaid ID, date of service, location (if more than one), provider name and NPI, and insurance payer. **Insurance payers included in the Medicaid numerator must be specified with the Medicaid ID**.
	3. For FQHC/RHC/IHC only include and specify encounters provided at no cost or where cost was reduced on a sliding scale based on the ability to pay.
	4. Please describe how you determined the numerator and denominator for the patient volume timeframe.
	5. Please demonstrate how you calculated the patient volume.
	6. 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 2015.If not practicing predominantly in an FQHC or RHC, please disregard. |
| 1. Technical assistance:

While not required, many providers were assisted by 3rd parties in implementing their EHR. Did you receive assistance in implementing an EHR from any of the following sources (check all that apply)?[ ]  Consultant[ ]  OMMUTAP[ ]  Internal Information Technology Department[ ]  EHR Vendor[ ]  I Received No Assistance |