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| **Program Eligibility Questions\***  You will need to refer to your completed 2015 Meaningful Use 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](mailto:Medicaid.EHRIPAudits@state.or.us).  CEHRT = Certified Electronic Health Record Technology |
| **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 CEHRT system? |
| 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**.      * 1. 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.   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 2015.  If not practicing predominantly in an FQHC or RHC, please disregard. |
| 1. Technical assistance:    1. While not required, many providers were assisted by 3rd parties in implementing their CEHRT. Did you receive assistance in implementing a CEHRT from any of the following sources (check all that apply)?   Consultant  Internal Information Technology Department  EHR Vendor  I Received No Assistance   * 1. Did you received technical assistance for your attestation to the Medicaid EHR Incentive Program through the Oregon Medicaid Meaningful Use Technical Assistance Program (OMMUTAP)? * Yes * No |

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| **Measure #** | **Objective** | **Desk Audit Questions for EP** |
| N/A | N/A | CEHRT meaningful use (MU) reporting capabilities used for attestation   1. What type of reporting tools were used to report MU:  * Practice developed MU reporting independently * Practice relied on the EHR vendor to provide accurate MU reports * Practice outsourced 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 the organization |
| N/A | N/A | 1. Please provide a description of the procedures performed to independently validate the integrity (completeness and accuracy) of MU reports. Please provide the original MU and CQM report. (This does not apply if the MU and CQM report was uploaded during pre-payment.) |
| N/A | N/A | 1. For the measures that were excluded or had an alternate exclusion, provide a brief description of the circumstances which caused you to meet the criteria for the exclusion or alternate exclusion. |

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| General Requirements 1 | For providers who work at multiple sites, at least 50% **of all their encounters** during the EHR reporting period must take place at a location with CEHRT. | 1. Using the table below, complete the applicable fields for your practice locations during the EHR reporting period:  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | Practice Name | Practice Address | CEHRT | System Certification Number | # patient encounters with CEHRT | # patient encounters without CEHRT | # Unique patients whose records are maintained using CEHRT | # Unique patients whose records are **not** maintained using CEHRT | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |

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| General Requirements 2 | | At least 80% of **unique patients** seen during the EHR reporting period must have their data in the CEHRT during the EHR reporting period. | 1. Please provide the following: 2. A description and documentation of how you determine unique patients seen during the EHR reporting period in the practice. 3. For unique patients, a description of how unique patients are determined in a single practice and when the provider practices and groups. 4. For patient encounters, a description of what visit types are included in this calculation for meaningful use reporting. | |
| Objective 1 | Protect electronic health information. | | 1. While not required, many EP’s have contracted with third parties to conduct a security risk assessment. 2. Who performed the security risk analysis of your CEHRT and what criteria/standards were used? 3. What were the deficiencies/risks identified? 4. How is e-PHI stored, received, transmitted, and maintained? 5. What are the technical, physical, and administrative safeguards in place to protect PHI? 6. Please provide a copy of the risk assessment. 7. Please provide evidence that shows the mitigation of the identified deficiencies/risks. |
| Objective 2 | Clinical  decision support | | 1. Describe the workflow used to meet the criteria of implementing 5 clinical decision support interventions. Include a description of how your CEHRT tracks compliance with this rule. |

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| Objective 3 | Computerized provider order entry (CPOE) | | | 1. Please provide one of the following to demonstrate that CPOE are recorded in your CEHRT for medication, radiology, and laboratory orders:  * A screen shot developed by the provider showing samples of patients that have a medication/laboratory/radiology order via CPOE. * CEHRT system report – list of unique patients (by patient name or some other unique patient identifier) with at least one medication/laboratory/radiology order included in the denominator. Verify by reviewing a sample of the patients in the listing. | | |
| Objective 5 | Health Information exchange (HIE) | | | 1. What information is included with a summary of care? 2. Please provide the following information regarding the attempted exchange of clinical information:  * Entity with whom the electronic summary of care was transmitted to * CEHRT used by the receiving entity | | |
| Objective 6 | | Patient specific education resources | | | 1. What clinically relevant information is used to identify patients who should receive patient specific educational materials? | |
| Objective 7 | | Medication Reconciliation | | | 1. What clinically relevant information is included with a medication reconciliation? | |
| Objective 8 | | Patient electronic access | | | 1. What is the mechanism in place to provide patients an electronic copy of their health information (i.e., physical media, patient portal, etc.)? Please copy the link to your patient portal. 2. How do you verify patients have accessed their health information electronically? | |
| Objective 9 | | | Secure messaging | | | 1. What capability do you have in place for secure electronic messaging? 2. How do you count the emails receive through secure electronic messaging? |
| Objective 10 | | | Public Health | | | 1. What capability do you have in place for reporting to the Public Health agency? |