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| **General Program Eligibility Questions\***   * In order to answer the questions below, you will need to refer to your completed Medicaid EHR Incentive Program attestation. * You can access the attestation in MAPIR by going to: <https://www.or-medicaid.gov/ProdPortal/Home/tabId/36/Default.aspx>. * If you cannot access the attestation in MAPIR, you may request a copy of the attestation by emailing Medicaid.EHRIPAudits@state.or.us. * Please note, some of the questions may require additional supporting documentation. * This questionnaire and supporting documentation must be submitted via secure email to: [Medicaid.EHRIPAudits@dhsoha.state.or.us](mailto:Medicaid.EHRIPAudits@dhsoha.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 being audited |
| 1. Clinic Information:    1. Was the provider employed at multiple locations during the time of attestation? If yes, please explain below.   Yes  No   * 1. If yes, are all the provider’s encounters captured in one EHR system? If no, please explain why the provider’s encounters are not 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 an **Excel document** listing all patient encounters in one tab, and all Medicaid-only encounters in a separate tab. Fields required in the Excel document are as follows: 2. the practice’s patient ID (only for denominator encounters); 3. Medicaid ID; 4. date of service; 5. location (if more than one); 6. provider name and NPI; 7. amount billed (optional); 8. insurance payer.   **Insurance payers included in the Medicaid numerator must be specified with the Medicaid ID**.  Supporting documentation provided? Please check one:  Yes  No   * 1. **For FQHC/RHC/IHC only**: Include and specify encounters provided at no- or reduced-cost, based on ability to pay (needy encounters). Please use a separate tab in the patient volume spreadsheet to identify these encounters.   Supporting documentation provided? Please check one:  Yes  No  N/A   * 1. Please describe how you determined and calculated patient volume for the timeframe that was selected at attestation.   2. What reports did you use to determine your patient volume?  1. Group Practice:    1. If attesting as a group, please list all group providers with titles and locations (if more than one) for the patient volume timeframe. If you did not attest as a group, please mark N/A.   Supporting documentation provided? Please check one:  Yes  No  N/A |
| 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 2016. **If the provider is/was not practicing at an FQHC/RHC/IHC for the timeframe under audit, please mark N/A.**    Supporting documentation provided? Please check one:  Yes  No  N/A |
| 1. Technical assistance:   While not required, many providers were assisted by third 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 (Oregon’s Medicaid Meaningful Use Technical Assistance Program)  Internal organization’s information technology department  EHR vendor  Received no assistance |

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| **Measure #** | **Objective** | **Desk Audit Questions for EP** |
| N/A | N/A | EHR meaningful use (MU) reporting capabilities used for attestation   1. What type of reporting tools were used to report MU objectives and measures?  * 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 also provide the original MU and Clinical Quality Metrics (CQM) report. (**Please disregard if the MU and CQM reports were uploaded during pre-payment.**) |
| N/A | N/A | 1. Provide a brief description of the circumstances that caused you to meet the criteria for exclusion or alternate exclusion for any measures that were (1) excluded or (2) attested to with an 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 of how you determined unique patients seen during the EHR reporting period. 3. Please provide supporting documentation of the unique patient count for the EHR reporting period. | |
| Objective 1 | Protect electronic health information. | 1. Please provide a copy of the 2016 risk assessment and answer the following questions: 2. Who performed the security risk analysis (SRA) of your CEHRT and what criteria/standards were used? 3. What were the deficiencies/risks identified? Please provide evidence that shows the risks/vulnerabilities identified for 2016 and the mitigation steps that were performed. 4. What were the technical, physical, and administrative safeguards in place to ensure the integrity, confidentiality, and security of protected health information (PHI)? |
| Objective 2 | Clinical  decision support | 1. Describe the workflow used to meet the criteria of implementing five clinical decision support interventions. Include a description of how your EHR 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 CPOEs 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 from question 15:  * Entity with whom the electronic summary of care was transmitted to * CEHRT used by the receiving entity  1. If possible, please provide a sample or screenshot of a summary of care. |
| Objective 6 | Patient specific education resources | 1. How are patients who should receive patient specific educational materials identified? Please provide a screenshot of a sample that identifies patient specific education resources. |
| Objective 7 | Medication Reconciliation | 1. What steps did the clinic use to perform medication reconciliation? |
| Objective 8 | Patient electronic access | 1. What procedure was in place to provide patients an electronic copy of their health information? Please copy the link to your patient portal. 2. How did you verify patients have access to their health information electronically? |
| Objective 9 | Secure messaging | 1. How did you count the emails received through secure electronic messaging? 2. What type of messages were counted to meet this Objective? Please provide a screenshot of an example showing the inbox/outbox of the secure messages sent. |
| Objective 10 | Public Health | 1. What capability did you have in place for reporting to the Public Health agency? |