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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 2017. **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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| **Desk Audit Questions for EP** |
| 1. What type of reporting tools best describes the development of MU reporting capabilities used for attestation at your practice?  * 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 |
| 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 (eCQM) report. (**Please disregard if the MU and eCQM reports were uploaded during pre-payment.**) |
| 1. Exclusions:    1. Provide a brief description of the circumstances that caused you to meet the criteria for exclusion for any measures that were excluded.    2. If Objectives 6 or 9 were excluded, how does the provider determine they had no office visits? |

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| 1. Please provide the following for unique encounters: 2. A description of how you determined unique patients seen during the EHR reporting period. Please also describe how this is determined if the provider practiced at multiple locations. 3. Please describe the definition used for unique patients, including what visit types are included in this calculation, for your MU reports? 4. Please provide supporting documentation of the unique patient count for the EHR reporting period. |
| 1. Please provide a copy of the 2017 risk assessment and answer the following questions: 2. Who performed the security risk analysis (SRA) and what criteria/standards were used? 3. What were the deficiencies/risks identified? Please provide evidence that shows the risks/vulnerabilities identified for 2017 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)? |
| 1. Describe the workflow used to meet the criteria of implementing five clinical decision support interventions related to four or more eCQMs at a relevant point in patient care. Include a description of how your EHR tracks compliance with this rule. 2. Please provide one of the following to demonstrate that CPOEs are recorded in your EHR 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. * EHR 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. |

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| 1. What information is included with a summary of care? 2. Please provide a screenshot of a summary of care within the EHR reporting timeframe. |
| 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. |
| 1. What steps did the clinic use to perform medication reconciliation? |
| 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? |
| 1. How did you count the messages 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. |
| 1. What capability did you have in place for reporting to the Public Health agency? |