Oregon Medicaid EHR Incentive Program
(aka Promoting Interoperability Program)
Program Year 2019 Webinar Frequently Asked Questions

Topic	Questions	Answers
General Questions about Attesting	Who should I contact if I need help?	For **general questions** about eligibility or the program, you can contact the Medicaid EHR Incentive Program: Medicaid.EHRIncentives@dhsoha.state.or.us or 503-945-5898. For **questions specific to your EHR** and its functionality or reporting, contact someone in your IT department or your EHR vendor directly. For help with understanding how to meet Meaningful Use and for assistance submitting your attestation, contact Oregon's Medicaid Meaningful Use Technical Assistance Program (OMMUTAP): OMMUTAP@ochin.org or 503-943-2500. OMMUTAP offers technical assistance to support Medicaid providers in their efforts to implement, upgrade, and effectively use Electronic Health Records (EHR). These services are offered at no cost to the provider or the clinic.
	Where can I view these slides or the presentation?	Each webinar participant will receive the slides and FAQ after the webinar. All materials will be accessible on our website as well, including the recorded webinar: MedicaidEHRIncentives.Oregon.gov/
	Can a delegate of the provider attest on his/her behalf?	Yes. The provider may designate another person to submit his/her attestation. If the provider already has a Medicaid web portal account, then the administrator of that account would log in and designate a clerk to submit the attestation on his/her behalf. If the provider does not have a web portal account, they would need to contact Provider Services at 1-800-336-6016.
	What if I submitted my attestation, but then later when I check on it, I see it's in an "Incomplete" status?	You do not need to do anything. An EHR Incentive Specialist will reach out to you by email with instructions on what to do next.
	Does my patient volume timeframe have to be the same as my PI/EHR reporting period?	No. Your patient volume can be a different timeframe than your PI/EHR reporting period. For more information on patient volume, please see: https://www.oregon.gov/oha/HPA/OHIT-MEHRIP/Pages/Manuals.aspx
	Does a provider need to meet all the objectives to get the incentive payment?	Providers need to meet the criteria for all objectives or meet the exclusion criteria to qualify for the incentive payment.
	When will the 2019 Stage 3 Objectives and Measures be available?	It is not known when CMS will update materials again. The 2018 Stage 3 specification sheets are currently on the CMS website, and are not expected to change for 2019.

	Is it a requirement for providers to participate in the Medicaid EHR Incentive Program? Can they opt out of participation?	Participating in the Medicaid EHR Incentive Program is not required. Providers can opt out of participation. Providers who are only eligible to participate in the Medicaid EHR Incentive Program are not subject to payment adjustments for not participating or meeting meaningful use. However, physicians who bill the Medicare Physician Fee Schedule for patient services are subject to a Medicare payment adjustment for not meeting meaningful use. To avoid a negative payment adjustment, these providers need to successfully demonstrate meaningful use each year. The Merit-based Incentive Payment System (MIPS) has replaced the Medicare EHR Incentive Program. For more information, go to: https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/PaymentAdj_Hardship.html and https://qpp.cms.gov/participation-lookup.
	If a provider bills Medicare part B and is not submitting to MIPS or attesting for the Medicaid EHR Incentive program payment, will the provider be penalized?	If the provider is one of the eligible professional or eligible clinician types, yes, he/she will be subject to a negative Medicare payment adjustment. For more information on MIPS go to https://qpp.cms.gov/ For MIPS technical assistance, go to https://healthinsight.org/qpp.
	If we have a new provider who joined our clinic after 2016, will he/she be penalized because we cannot attest for her?	If the provider is one of the eligible professional or eligible clinician types, yes, he/she will be subject to a Medicare payment adjustment. The provider may be eligible for MIPS. For more information on MIPS go to https://qpp.cms.gov/ For MIPS technical assistance, go to https://healthinsight.org/qpp.
	Can a provider participate in the Medicaid EHR Incentive Program if he/she did not attest prior to 2018?	No. In order to be eligible to participate now, the provider would have had to successfully participate in the Medicaid EHR Incentive Program by 2016.
	We have a new provider who started with us in July 2018. Would we be able to attest for her?	Possibly. If she has not previously participated in the Medicaid EHR Incentive Program, no. However, if she has participated in the past with a different state or clinic, she would be eligible to participate in 2018 and you would be able to attest for her. If you are uncertain whether she has participated in the past, please contact us and we can verify: Medicaid.EHRIncentives@state.or.us
Meaningful Use Objectives and Measures	Will we have the same public health registry options for 2019?	Currently there is no additional information provided that indicates any change in the public health registry options. However, for Stage 3 there are five measures to answer and you must meet at least two of the measures to meet the objective.

	Can I submit to Syndromic Surveillance?	For Stage 2 Syndromic Surveillance is not open in Oregon to Eligible Professionals. For Stage 3 Syndromic Surveillance, Public Health is now ready to receive syndromic data from EPs practicing in urgent care settings **only** https://www.oregon.gov/oha/PH/DISEASESCONDITIONS/COMMUNICABLEDISEASE/PREPAREDNESSSURVEILLANCEEPIDEMIOLOGY/ESSENCE/Pages/Meaningful-Use.aspx
	Can access by authorized delegates for a provider in the Prescription Drug Monitoring Program (PDMP) count toward the PDMP access requirement piece of the Public Health Registry Reporting measure?	Yes. According to Oregon Administrative Rule 333-023-0820 practitioners may authorize a delegate to access the PDMP on his/her behalf, but the delegate must have her/his own active system account.
	Does OHA have a security risk analysis template they suggest using?	Although we do not have a specific template to endorse, we know of two resources available to providers at **no-cost**: 1. ONC, in collaboration with the HHS Office for Civil Rights (OCR), developed a new version of the downloadable Security Risk Assessment Tool (SRA Tool). https://www.healthit.gov/topic/privacy-security-and-hipaa/security-risk-assessment 2. Oregon's Medicaid Meaningful Use Technical Assistance Program (OMMUTAP) offers security risk assessments to eligible providers. Contact: Website: www.ochin.org/ommutap Email: OMMUTAP@ochin.org Phone: 503-943-2500
	Is there a rule or act about providing incentives for signing up for a portal? For example, could we incentivize patients with coffee cards?	No. We checked with CMS, and they stated there is nothing in this program preventing that.
	Please explain Objective 6 Measure 3.	Please refer to the CMS specification sheet for this measure: https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/MedicaidEPStage3_2018_Obj6.pdf If you have additional questions, please contact us: Phone: 503-945-5898 Email: Medicaid.EHRIncentives@state.or.us

	What is the definition of patient generated data referenced in Objective 6?	CMS cites the definition of Patient Generated Health Data as "Data generated by a patient or a patient's authorized representative." Specifically, "It may include, but is not limited to, social service data, data generated by a patient or a patient's authorized representative, advance directives, medical device data, home health monitoring data, and fitness monitor data…(Note: Data related to billing, payment, or other insurance information would not satisfy this measure.)" For more information, see https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/MedicaidEPStage3_2018_Obj6.pdf
	Can you add specific language to the measures as to who is eligible to perform the tasks required in each measure? There seems to be a lot of confusion around who can send messages, run med recs, etc.	The Centers for Medicare and Medicaid Services (CMS) publish the specification sheets for the objectives and measures. States are not able to revise these. According to CMS FAQ 2771, "The Stage 3 Final Rule for the Medicare and Medicaid EHR incentive programs specifies that in order to meet the meaningful use objective for computerized provider order entry (CPOE), any licensed health care provider or a medical staff person who is a credentialed medical assistant or is credentialed to and performs the duties equivalent to a credentialed medical assistant can enter orders in the medical record, per state, local and professional guidelines. **The remaining meaningful use objectives do not specify any requirement for who must enter information.** https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/FAQ_EligibilityParticipation.pdf
	On Objective 7 Measure 2, what happens if we don't receive clients from outside sources? The client must be established with our agency with a counselor to be referred to inhouse psych providers. Would that count?	According to the CMS specification sheet for this measure, "Any EP for whom the total of transitions or referrals received and patient encounters in which the provider has never before encountered the patient, is fewer than 100 during the PI reporting period is excluded from this measure." For more information, see https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/MedicaidEPStage3_2018_Obj7.pdf
	Can support staff do the medication reconciliation for Objective 7 Measure 3? How do we document that they are delegated staff to respond on behalf of the provider?	Yes. According to the Stage 3 specification sheets, "Non-medical staff may conduct reconciliation under the direction of the provider so long as the provider or other credentialed medical staff is responsible and accountable for review of the information and for the assessment of and action on any relevant CDS" https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/MedicaidEPStage3_2018_Obj7.pdf There is no guidance specifying how you document this staff delegation.

	Do we have to submit our eCQMs via the Clinical Quality Metrics Registry (CQMR)?	Yes. Starting in program year 2018, eCQMs will no longer be manually entered in MAPIR with your attestation. Instead, from MAPIR, you will be directed to a link to the CQMR, where you will submit your eCQM data using your choice of an Excel template or a QRDA III file. If you submit your eCQMs using the Excel template method, you will still need to upload your eCQM report from your CEHRT with your attestation in MAPIR.
	If we are using two different CEHRTs in 2018 due to a transition, how will we need to report our eCQMs? Can we upload two different QRDA III files, or can we just manually combine in an excel spreadsheet?	Manually combining and submitting the eCQMs in the Excel template is the simplest option in this situation.