The steps below outline the process for Eligible Professionals to complete the Oregon Medicaid Electronic Health Record (EHR) Incentive Program attestation. Steps 1-5 only need to be completed in Payment Year 1, unless the Eligible Professionals (EPs) Centers for Medicare and Medicaid Services (CMS) or direct deposit information changes.

### Step-by-step Process

#### Responsible Party

<table>
<thead>
<tr>
<th>Step</th>
<th>Process</th>
<th>Information Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Step 1</strong> Attestation Preparer</td>
<td>Create an Eligible Professional (EP) profile using the <a href="https://ica.cms.gov">Centers for Medicare and Medicaid Services (CMS) Identity and Access (I&amp;A) Management System</a></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1. Create account as an “Authorized Official/Delegated Official”</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2. Set up your “Organization” as your employer</td>
<td></td>
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<tr>
<td></td>
<td>3. Login to the <a href="https://ica.cms.gov">I&amp;A system</a> and complete/approve the connection request per the <a href="https://ica.cms.gov">I&amp;A User Guide</a> instructions</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Active email address</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Eligible Professional National Provider Identifier (NPI)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Organization NPI</td>
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</tbody>
</table>

| Step 2 | Eligible Professional | Enroll as an Oregon Health Plan (OHP) Provider  
1. Login to the [OHP system](https://myportal.oregon.gov) and enroll, if not active |
|        |                      | - Eligible Professional NPI |
|        |                      | - OHP username and password |

| Step 3 | Eligible Professional or Attestation Preparer | Register for the EHR Incentive Program using the [CMS Registration and Attestation (R&A) System](https://www.cms.gov/RASM)  
1. Login to the [R&A system](https://www.cms.gov/RASM) using National Plan and Provider Enumeration System (NPPES) username and password  
2. Complete registration per the [R&A User Guide](https://www.cms.gov/RASM) instructions |
|        | Note: Access the [Certified Health IT Product List](https://www.cms.gov/ITCatalog) to acquire CMS Certification EHR Technology ID |
|        | - Eligible Professional NPI |
|        | - CMS EHR Certification ID |
|        | - Payee Tax Identification Number (TIN) |
|        | - Payee NPI |
|        | - Eligible Professional type |
|        | - Business address and phone number |
|        | - Active email address |

| Step 4 | Eligible Professional or Attestation Preparer | Sign up for direct deposit for the OHP or ensure Electronic Funds Transfer (EFT) information is up-to-date for the entity that will receive the incentive payment. Payments may be made to the EP or assigned to the EPs clinic or entity  
1. Contact Financial Unit to enroll or update information at: 503-945-5710 |
|        | To request direct deposit: Submit the MSC 189 ([Direct Deposit Authorization Form](https://www.dhs.state.or.us)) to DHS/OHA Financial Services |
|        | - MAPIR username and password |

| Step 5 | Eligible Professional | Secure access to and/or update Provider information in Oregon’s [Medical Assistance Provider Incentive Repository (MAPIR)](https://www.mari.state.or.us)  
1. Click [Setup Account](https://www.mari.state.or.us) to complete attestation on behalf of EP, if applicable |
|        | - MAPIR username and password |

**STOP**

Wait 48 hours for the registration information to transfer from the CMS R&A system to Oregon’s Medical Assistance Provider Incentive Repository (MAPIR) portal. Do not log into the CMS R&A system again until you have confirmation the information has been updated in MAPIR.
<table>
<thead>
<tr>
<th>Responsible Party</th>
<th>Process</th>
<th>Information Needed</th>
</tr>
</thead>
</table>
| **Step 6**        | Attestation Preparer or Eligible Professional | Start the attestation using the MAPIR portal  
  1. Login to the MAPIR portal  
  2. Select Provider from the display list at the top of the page and scroll through drop down list to select EHR Incentive  
  3. Selecting EHR Incentive will bring you to the Medicaid EHR Incentive Program Participation Dashboard page  
  4. Start the attestation by clicking on the radial button for the Not Started Payment/Program Year in the Application column then scroll to bottom of the page and select Continue | • MAPIR portal username and password |
| **Step 7**        | Attestation Preparer or Eligible Professional | Complete initial verification and data entry  
  1. Validate: Payment Year, Program Year, Name, and NPI  
  2. Scroll to bottom of the page and enter the 15 character CMS EHR Certification ID for the Complete EHR System. Once entered, select Next, then Next again  
  3. Your current attestation stage will show. Select Get Started  
  4. Final confirmation of information before beginning Objective Reporting. Select Confirm or Cancel (to begin a different Provider attestation) | • Eligible Professional NPI  
• CMS EHR Certification ID  
Note: Access the Certified Health IT Product List to acquire CMS Certification EHR Technology ID |
| **Step 8**        | Attestation Preparer or Eligible Professional | Verify & complete the R&A/Contact Info tab of the attestation per the instructions in the Oregon Medicaid EHR Incentive Program User Guide | • Provider & attestation preparer’s business information:  
o Phone number  
o Email Address  
o Address |
| **Step 9**        | Attestation Preparer or Eligible Professional | Complete the Eligibility tab of the attestation per the instructions in the Oregon Medicaid EHR Incentive Program User Guide  
Eligibility Requirement: CMS Eligibility Requirements | • Eligible Professional’s hospital-based status  
• Eligible Professional provider type  
• Whether or not Eligible Professional:  
o Has pending sanctions with Medicare and/or Medicaid  
o Is licensed |
<table>
<thead>
<tr>
<th>Responsible Party</th>
<th>Process</th>
<th>Information Needed</th>
</tr>
</thead>
</table>
| **Step 10**  
Attestation  
Preparer or Eligible Professional | Complete the *Patient Volume* tab of the attestation per the instructions in the [Oregon Medicaid EHR Incentive Program User Guide](http://example.com) | • Whether or not Eligible Professional practices predominantly at a Federally Qualified Health Center (FQHC) or Rural Health Center (RHC)  
• Whether or not Eligible Professional is using individual or group patient volume  
• Start date of calendar year preceding payment year or 12 months preceding attestation date  
• Address(es) for any practice location(s) used for patient volume  
• Total number of in-state Medicaid encounters  
• Total number of out-of-state Medicaid encounters  
• Total number of needy encounters (if applicable)  
• Total number of encounters  
• Group practice NPI(s) (if applicable) |

| **Step 11**  
Attestation  
Preparer or Eligible Professional | Complete the *Attestation* tab of the attestation per the instructions in the [Oregon Medicaid EHR Incentive Program User Guide](http://example.com)  
- Select the EHR System Adoption Phase  
**Meaningful Use Applicants Only**  
Complete the following subsections of the *Attestation* tab:  
- General Requirements  
- Meaningful Use Objective (1-9)  
- Required Public Health Objective (10)  
- Clinical Quality Measures (CQMs)  
CMS 2015 Specification Sheets:  
[Modified Rule Specification Sheets](http://example.com) | • Adoption, implementation, or upgrade activities (if applicable)  
**Meaningful Use Only**  
• Start date of EHR reporting period  
• General requirements dataset  
• Meaningful use objective dataset  
• Public health objective dataset  
• CQM dataset |
<table>
<thead>
<tr>
<th>Responsible Party</th>
<th>Step 12</th>
<th>Process</th>
<th>Information Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attestation</td>
<td>Complete the Review tab of the attestation per the instructions in the Oregon Medicaid EHR Incentive Program User Guide</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preparer or Eligible Professional</td>
<td>Tips for reviewing patient volume:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• A patient cannot be counted more than once per day per Eligible Professional</td>
<td></td>
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<tr>
<td></td>
<td>• Was the Chip Proxy (95.6%) applied to the numerator?</td>
<td></td>
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<tr>
<td></td>
<td>o Not applicable if using other needy patient volume</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tips for reviewing Meaningful Use Objectives:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• General Requirements dataset should only represent individual Eligible Professional data</td>
<td></td>
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<tr>
<td></td>
<td>• Some objectives share a denominator statement (e.g. unique patients) and should be consistent across applicable objectives</td>
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<td></td>
<td>• Numerators and denominators should match the MU Report/EHR Dashboard being used to enter datasets</td>
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<tr>
<td></td>
<td>• Security Risk Analysis (SRA) entry of date completed and person responsible must match SRA documentation submitted with attestation</td>
<td></td>
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<td></td>
<td><strong>NOTE:</strong></td>
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<td></td>
<td>– Step-by-Step Quick Reference Guide is on Page 5</td>
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<td></td>
<td>– Frequently Asked Question (FAQ) is on Page 6</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Step 13</th>
<th>Complete the Submit tab of the attestation per the instructions in the Oregon Medicaid EHR Incentive Program User Guide</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attestation Preparer or Eligible Professional</td>
<td><strong>SRA Documentation Submission Requirements</strong></td>
</tr>
<tr>
<td></td>
<td>• The inventory list of all hardware and software that creates, receives, maintains or transmits Electronic Personal Health Information (EPHI)</td>
</tr>
<tr>
<td></td>
<td>• Any deficiencies noted in the final report and the corrective action plan(s), including target dates for implementation (corrective actions must be completed prior to the submission of the next attestation)</td>
</tr>
<tr>
<td></td>
<td>• Documentation of who completed the SRA</td>
</tr>
</tbody>
</table>

For more information on the Oregon Medicaid EHR Incentive Program

Email: Medicaid.EHRIncentives@dhsoha.state.or.us

Call one of our Program Compliance Specialists: 503-945-5898

START

Are you the Eligible Professional (EP)?

Step 1
Initiate a connection with the EP using the CMS R&A Management System

Step 2
Enroll as an Oregon Health Plan (OHP) EP or update EP OHP file

Step 3
Register the EP for EHR Incentive Program using the CMS R&A system

Step 4
Sign up for direct deposit for the OHP or ensure EFT information is up-to-date

Step 5
Secure access to and/or update EP information in Medical Assistance Provider Incentive Repository (MAPIR). May designate a preparer to complete attestation on behalf of EP.

STOP

Wait 48 hours for the registration information to transfer from the CMS R&A system to Oregon's MAPIR. Do not log into the CMS R&A system again until you have a confirmation email that the information has been uploaded in MAPIR.

Step 6
Start the attestation using MAPIR

Step 7
Complete initial verification and data entry for attestation

Step 8
Complete R&A / Contact Info tab of attestation

Step 9
Complete Eligibility tab of attestation

Step 10
Complete the Patient Volume tab of the attestation

Step 11
Complete the Attestation tab of the attestation

Step 12
Complete the Review tab of the attestation

Step 13
Complete the Submit tab of the attestation

END
Oregon’s Medicaid EHR Incentive Program FAQ

**Question 1:** How do we document that the Security Risk Analysis (SRA) has been “viewed” by the EP? Do we need to submit that documentation?

**Answer:** CMS guidance states that to meet the measure an Eligible Professional (EP) must review a SRA of CEHRT. It is up to organizations to determine how they will document if an SRA has been viewed by an EP. You do not need to submit documentation that the EP has reviewed the SRA during the pre-payment verification process; however, you may be asked for this information during a post-payment audit.

**Question 2:** Will we need to key in the CQMs with our Medicaid Attestations if we have already uploaded them directly to CMS via the PQRS EHR-direct reporting process?

**Answer:** Yes. At this time CQM data must be entered manually during the attestation process. The Medicaid EHR Incentive Program is looking at ways this may be automated in the future.

**Question 3:** Is the survey still required for submission for EPs?

**Answer:** No. The survey is no longer a required document for submitting with an EP attestation.

**Question 4:** What if my SRA is too big to upload?

**Answer:** We do not want you to upload all of your SRA only: asset inventory list; deficiencies noted and the corrective action plan, including target dates for implementation; and documentation of who completed the SRA.

**Question 5:** Please clarify what Patient Volume information is needed on the spreadsheets we provide to you.

**Answer:** For Patient Volume Spreadsheets, we need Medicaid specific information only. Do not include all clinic encounters or HIPAA sensitive information. Spreadsheet must contain:

- Medicaid ID, date of service, billed amount, and Medicaid patient Provider NPI

**Question 6:** What patient volume numbers do you compare mine to when you are validating my information? Can you tell me how much we are off?

**Answer:** We compare the numbers from your spreadsheet against claims submitted to Medicaid. We are unable to disclose our variance.

**Resources**

Modification to Meaningful Use in 2015 Through 2017

Eligible Professional Objective and Measures Specification Sheets

CMS Security Risk Analysis Tip Sheet