This checklist details what documentation **must be provided** in support of your attestation. Your attestation cannot be fully processed until the documentation is received. For security purposes, and to promote efficient processing, please upload documentation directly into MAPIR; you may even do this after your attestation has been submitted.

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| 2016 AIU & MU ATTESTATIONS (documentation required for both) |
|[ ]  Adopt, Implement, Upgrade (AIU) Documentation – Supports the adoption, implementation, or upgrade to a Certified Electronic Health Record Technology (CEHRT). Acceptable sources include software licensing agreements, signed contract, invoices, or receipts.  |
|[ ]  Practice Predominantly Form – Verifies over 50% of patient encounters have occurred in an FQHC/RHC in a designated 6 month period. ***This is only for providers who primarily work in a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC)***. The form is on our [Medicaid EHR Incentive Program Forms](http://www.oregon.gov/oha/MHIT/Pages/faq.aspx) webpage.  |
| 2016 MU ATTESTATIONS (documentation not required for AIU) |
|[ ]  EHR Scorecard/Dashboard – Demonstrates requirements were met for Meaningful Use Objectives and Clinical Quality Measures (CQM) during the 90 day EHR reporting period selected. Your scorecard/dashboard must match your MAPIR attestation for the 90 day EHR reporting period and the MU and CQM data reported. ***This is document must be the original report in .PDF format. Screenshots, Excel documents, and scanned copies will not be accepted.*** |
|[ ]  Security Risk Analysis (SRA) – Demonstrates risks to electronic protected health information (ePHI) have been assessed. A unique SRA must be reviewed or conducted annually, and prior to the date of attestation. Documentation must include:* Date SRA was completed
* Organization SRA was completed for, and name of person who completed the SRA
* Identified risks, threats, or vulnerabilities to ePHI

\*For group submissions, you may provide one SRA for the clinic as long as the SRA was completed prior to date of attestation for all members of the group.  |

**\*\*Other documentation may be required on a case-by-case basis during the attestation processing.**

For example,be prepared to provide a **patient volume report** for your 90-day patient volume period (in an Excel spreadsheet format). During our pre-payment review process, we may find that 1) the patient volume attestation is at risk of not meeting the 30% (or 20% for pediatricians) Medicaid patient volume threshold, or 2) we cannot validate the patient volume amounts. A patient volume report displays the 90-day patient volume encounters used to attest the provider’s individual or group patient volume amounts. This report represents the numerator (Medicaid encounters, and needy – if FQHC/RCH) amounts used to determine whether the provider has met the 30% (or 20% for pediatricians) Medicaid patient volume threshold. This report must include the following data fields:

* Date of Service
* Medicaid Patient ID
* Amount Billed (if available in current report)

**Note: You can upload this report with your initial attestation, you do not need to wait for a request.**