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| **General Program Eligibility Questions\***  You will need to refer to your completed Medicaid EHR Incentive Program attestation in order to answer the questions below. You can access the attestation in MAPIR by going to: [https://www.or-medicaid.gov](https://www.or-medicaid.gov/ProdPortal/Home/tabId/36/Default.aspx). Please note, some of the questions may require additional supporting documentation.  We require that the questionnaire and supporting documentation is sent in a secure email, please send the information to: [Medicaid.EHRIPAudits@state.or.us](mailto:Medicaid.EHRIPAudits@state.or.us). |
| **Name of Eligible Hospital:**  NPI:  CCN: |
| **Person responsible for completing this questionnaire:**  Name:  Title:  Phone:  Email: |
| **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. Fields required are patient ID, date of service, type of service (inpatient or emergency department), Medicaid ID for active Medicaid recipients, and cost of service. 2. Please describe how you determined the numerator and denominator for the patient volume timeframe.      1. Please demonstrate how you calculated the patient volume |
| **Meaningful Use and Objectives:**   * + - 1. In order to attest for objectives which require a numerator and denominator, EHs must have access to a reporting tool, either within the EHR or built to work with the EHR. Which of the following situations best describes the development of MU Reporting capabilities used during the time of attestation? * The hospital developed MU reporting independently. * The hospital relied on the EHR vendor to provide accurate MU reports. * The hospital outsourced our reporting to a 3rd party vendor or used another 3rd party reporting solution. * The hospital customized the EHR vendor’s report to fit the needs of our organization.  1. Please attach a copy of the original Meaningful Use report. 2. Please provide a copy of the risk assessment for the program year of this audit and answer the following questions: 3. Who performed the security risk analysis (SRA) of your CEHRT and what criteria/standards were used? 4. What were the deficiencies/risks identified? Please provide evidence that shows the risks/vulnerabilities identified for the program year audited and the mitigation steps that were performed. 5. What were the technical, physical, and administrative safeguards in place to ensure the integrity, confidentiality, and security of protected health information (PHI)? 6. What information is included with a Summary of Care and how does your EHR determine a transition of care? 7. What information is included with a medication reconciliation and how does your EHR recognize a Medication Reconciliation? 8. What mechanism is in place to provide patients an electronic copy of their health information after discharge and how do you determine the number of patients that view online/download/transmit their health information after discharge? |
| **Technical assistance:**   1. While not required, many hospitals were assisted by third parties in adopting, implementing, or upgrading their EHR. Did you receive assistance from any of the following sources (check all that apply)?   Regional Extension Center  Consultant  Internal Information Technology Department  EHR Vendor  Received No Assistance |
| **Eligible Hospital Certification:**  I certify that the responses documented in this questionnaire and the supporting documentation provided are accurate to the best of my knowledge.    EH Signature/Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  EH Facility Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |