Oregon Medicaid Electronic Health Record (EHR) Incentive Program

Eligible Professional Attestation Process Guide

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				
	Refer to the Quick Reference Chart on Page 5			
Responsible Party	Process	Information Needed		
Step 1 Attestation Preparer	 Create an Eligible Professional (EP) profile using the <u>Centers for</u> <u>Medicare and Medicaid Services (CMS) Identity and Access (I&A)</u> <u>Management System</u> 1. Create account as an "Authorized Official/Delegated Official" 2. Set up your "Organization" as your employer 3. Login to the <u>I&A system</u> and complete/approve the connection request per the <u>I&A User Guide</u> instructions 	 Active email address Eligible Professional National Provider Identifier (NPI) Organization NPI 		
Step 2 Eligible Professional	Enroll as an Oregon Health Plan (OHP) Provider 1. Login to the <u>OHP system</u> 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 <u>CMS</u> <u>Registration and Attestation (R&A) System</u> 1. Login to the <u>R&A system</u> using National Plan and Provider Enumeration System (NPPES) username and password 2. Complete registration per the <u>R&A User Guide</u> instructions Note: Access the <u>Certified Health IT Product List</u> 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 Contact Financial Unit to enroll or update information at: 503-945-5710 	 To request direct deposit: Submit the MSC 189 (Direct Deposit Authorization Form) to DHS/OHA Financial Services 		
Step 5 Eligible Professional	 Secure access to and/or update Provider information in Oregon's <u>Medical Assistance Provider Incentive Repository (MAPIR)</u>, otherwise known as the Provider Portal. Click Setup Account 1. Login to <u>MAPIR</u> to designate a representative (Clerk) to complete attestation on behalf of EP, if applicable 	 MAPIR username and password 		
Wait 48 hours for the registration information to transfer from the CMS R&A system to Oregon's Medical Assistance				

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.

Responsible Party	Process	Information Needed
Step 6 Attestation Preparer or Eligible Professional	 Start the attestation using the MAPIR portal Login to the MAPIR portal Select Provider from the display list at the top of the page and scroll through drop down list to select EHR Incentive Selecting EHR Incentive will bring you to the Medicaid EHR Incentive Program Participation Dashboard page 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 <u>Certified</u> <u>Health IT Product List</u> to acquire CMS Certification EHR Technology ID
Step 8 Attestation Preparer or Eligible Professional	Verify & complete the <i>R&A/Contact Info</i> tab of the attestation per the instructions in the <u>Oregon Medicaid EHR</u> <u>Incentive Program User Guide</u>	 Provider & attestation preparer's business information: Phone number Email Address Address
Step 9 Attestation Preparer or Eligible Professional	Complete the <i>Eligibility</i> tab of the attestation per the instructions in the <u>Oregon Medicaid EHR Incentive Program</u> <u>User Guide</u> Eligibility Requirement: <u>CMS Eligibility Requirements</u>	 Eligible Professional's hospital-based status Eligible Professional provider type Whether or not Eligible Professional: Has pending sanctions with Medicare and/or Medicaid Is licensed

Responsible Party	Process	Information Needed
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	 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) (is 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 • Select the EHR System Adoption Phase	 Adoption, implementation, or upgrade activities (if applicable)
	 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 	 Meaningful Use Only Start date of EHR reporting period General requirements dataset Meaningful use objective dataset Public health objective dataset CQM dataset

Responsible Party	Process	Information Needed
Step 12	Complete the <i>Review</i> tab of the attestation per the	
Attestation	instructions in the Oregon Medicaid EHR Incentive Program	
Preparer or Eligible	User Guide	
Professional		
	Tips for reviewing patient volume:	
	A patient cannot be counted more than once per day per Eligible Professional	
	Was the Chin Provy (95.6%) applied to the	
	numerator?	
	 Not applicable if using other needy patient 	
	volume	
	Tins for reviewing Meaningful Lise Objectives:	
	General Requirements dataset should only represent	
	individual Eligible Professional data	
	• Some objectives share a denominator statement (e.g.	
	unique patients) and should be consistent across	
	applicable objectives	
	Numerators and denominators should match the MU	
	Report/EHR Dashboard being used to enter datasets	
	Security Risk Analysis (SRA) entry of date completed	
	and person responsible must match SRA	
	documentation submitted with attestation	
Step 13	Complete the <i>Submit</i> tab of the attestation per the	SRA Documentation
Attestation	instructions in the Oregon Medicaid EHR Incentive Program	Submission Requirements
Preparer or Eligible	<u>User Guide</u>	• The inventory list of all
Professional	 Upload required supporting documentation: 	hardware and software
	 MU Report/EHR Dashboard (dataset(s)) 	that creates, receives,
	 Security Risk Analysis (SRA) 	maintains or transmits
		Electronic Personal Health
	NOTE:	Information (EPHI)
	 Step-by-Step Quick Reference Guide is on Page 5 	Any deficiencies noted in the final report and the
	 Frequently Asked Question (FAQ) is on Page 6 	corrective action plan(s).
		including target dates for
		implementation (corrective
		actions must be completed
		prior to the submission of
		the next attestation)
		Documentation of who
		completed the SRA

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

Visit: www.MedicaidEHRIncentivesOregon.gov



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. <u>Do not include</u> 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