Oregon's Medicaid EHR Incentive Program
REQUIRED DOCUMENTATION

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.

Required Documentation for 2017 Meaningful Use Attestations	
☐	Certified EHR Technology (CEHRT) Documentation – Supports the adoption, implementation, or upgrade to a CEHRT. Acceptable sources include software licensing agreements, signed contract, invoices, or receipts.
☐	EHR Scorecard/Dashboard – Demonstrates requirements were met for Meaningful Use Objectives and Clinical Quality Measures (CQMs) during the 90 day EHR reporting period selected. It must match your MAPIR attestation and must be the unaltered, original report from your EHR. This document should be exported to .PDF format and include the provider's name, EHR reporting period, EHR, MU objectives, and CQMs.
☐	Security Risk Analysis (SRA) – Demonstrates risks to electronic protected health information (ePHI) have been assessed (and mitigated). A unique SRA must be reviewed or conducted for each EHR reporting period, and within the calendar year of the EHR reporting period (2017). Documentation must include: - Date SRA was completed - Organization SRA was completed for, and name of person who completed SRA - Identified risks, threats, or vulnerabilities to ePHI One SRA can be provided for group submissions, as long as it was completed in calendar year 2017 and prior to date of attestation for all members of the group.
☐	Public Health Measure 3 (Specialized Registry) – Required documentation includes: 1. A letter from the specialized registry that at a minimum, identifies a. The name of the clinic/organization b. The clinic's status of active engagement (1 - completed registration, 2 – testing and validation, 3 – production) ○ If in option 1, the letter must identify the date of the registration. This date must be before, or within 60 days of the start of the attesting provider's EHR reporting period. ○ If in option 2, the date of registration is not needed in the letter; however, the letter must identify whether any requests were made, and that the clinic has responded to requests in a timely fashion (within 30 days). ○ If in option 3, the date of registration is not needed in the letter; however, the letter must contain a statement of the production status. A specialized registry screenshot is acceptable in lieu of a letter from registry, if it can substantiate the details of the letter. 2. List from the clinic that identifies all the individual providers submitting to that registry. The list must contain the provider's name and NPI.

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Other documentation may be required on a case-by-case basis. The below documents may not be required for everyone, but may be requested as we process your attestation.

☐	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 Manuals and Other Resources webpage.
☐	Patient Volume Report – Documentation that supports your 90-day patient volume period (in an Excel spreadsheet format). During our pre-payment review, we may find that 1) the patient volume is at risk of not meeting the 30% (or 20% for pediatricians) Medicaid patient volume threshold, or 2) we cannot validate the attested patient volume amounts. A patient volume report displays the encounters used for the provider's numerator (Medicaid encounters, and needy – if FQHC/RHC), and must include the following data fields: - Date of Service - Medicaid Patient ID - Amount Billed (if available in current report) - Rendering Provider NPI (if doing group patient volume)