

# "Medicaid EHR Incentive Program Attestation Requirement Overview for Program Year 2015" – Webinar Q&A

**Question:**

How do we document that the 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 security risk analysis (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.

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**Question:**

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.

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**Question:**

The details on ePHI risk analysis (like inventory of hardware) is new information so that will be dated in 2016, not dated to match the attestation period. OK?

**Answer:**

The security risk analysis must be done every year, it is part of meeting Meaningful Use and is also part of HIPAA. [https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/2015EP\\_1ProtectPatientHealthInfoObjective.pdf](https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/2015EP_1ProtectPatientHealthInfoObjective.pdf)

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**Question:**

Do you know if every OCHIN Epic clinic needs to do their own SRA or is that something OCHIN provides for the collaborative?

**Answer:**

We do not know the answer to that question. You will need to ask OCHIN.

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**Question:**

For the SRA and CEHRT stuff, can we submit that at an organizational level? Or does that information need to be replicated for every provider in our organization that is going to be attesting?

**Answer:**

The SRA and CEHRT can be submitted at an organizational level. Please upload with only one of your organization EP attestations. The Medicaid EHR Incentive Program staff will then link the documentation with your other EP attestations.

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**Question:**

Is it known yet whether there will be accommodations for EPs in Stage 1 for 2016?

**Answer:**

In Program Year (PY) 2016, all EPs will officially be in Stage 2. Click on the link alternate requirement information in PY 2016: <https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/2016ProgramRequirements.html>

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**Question:**

We have had a change in providers. We originally attested with a different provider for MU Stage 1. Do we still need to provide EHR eligibility documentation with the current provider?

**Answer:**

If you have already provided the required 2014 CEHRT documentation to the Medicaid EHR Incentive Program, we have the information on file for your organization. You do not need to resubmit the documentation.

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**Question:**

The SRA files are usually too large to upload into MAPIR. Are you going to increase the uploading capability in MAPIR?

**Answer:**

At this time we have no intention of increasing the upload capacity in MAPIR. We do not want the entire SRA uploaded (or emailed/mailed) to the Medicaid EHR Incentive Program. Please only upload the following parts of the SRA:

1. The inventory list of all hardware and software that creates, receives, maintains or transmits Electronic Personal Health Information (ePHI);
  2. Any deficiencies noted in the final report and the corrective action plan(s), include target dates for implementation (corrective action plans must be completed prior to the submission of the next attestation); and
  3. Documentation of who completed the SRA.
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**Question:**

Is the survey no longer required to be submitted for each EP?

**Answer:**

That is correct. The survey is no longer a requirement.

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**Question:**

Will you be soliciting questions from clinics to be included in the Quick Guide?

**Answer:**

Yes; you can submit questions via email.

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**Question:**

Does the CHIP proxy factor for RHCs?

**Answer:**

No, it doesn't.

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**Question:**

Do you accept quarterly as a reporting period as opposed to exact 90 day?

**Answer:**

Yes we do accept quarterly reporting- this mainly pertains to the clinics that are owned by hospitals.

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**Question:**

Is there IHS reporting to meet the public health syndromic surveillance?

**Answer:**

IHS has submission options through the federal government.

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**Question:**

Is the exclusion for Medicare available for Medicaid?

**Answer:** You would need to check the specification sheets for specific exclusions.

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**Question:**

Will you be publishing Frequently Asked Questions?

**Answer:**

Yes.

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**Question:**

Are there going to be alternate requirements for 2016 Stage 1 providers?

**Answer:**

There may be some; CMS has a list of any alternate requirements.

<https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/2016ProgramRequirements.html>

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**Question:**

When we initially applied for MU funds, the agency was set up to receive electronic payments. When we apply with our new provider, will we need to reapply for electronic payment? Or is it set up by our agency?

**Answer:**

As long as your Electronic Funds Transfer (EFT) is still active or you have not changed banks you should be ok.

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