Oklahoma EHR Incentive Program

EHR Attestation Process

Oklahoma HealthCare Authority

WHAT IS MEDICAID EHR INCENTIVE PROGRAM?

- Medicaid Electronic Health Records (EHR) Incentive Program provides incentive payments for certain Medicaid-eligible professionals (EPs) and hospitals (EHs) that adopt and meaningfully use certified EHR technology (CEHRT) in ways that positively affect patient care.
  - **What is an EHR?** An EHR enables health care providers to record patient information electronically, instead of using paper records.

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EHR INCENTIVE PROGRAM

- The EHR Incentive Program consists of:
  - Adopt, implement or upgrade (AIU) or
  - Meaningful use (MU)

- The first year of MU may be for a 90-day period; each subsequent year must be for a 365-day period (unless otherwise approved through the Centers for Medicare & Medicaid Services (CMS)

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WHO CAN PARTICIPATE?

- Eligible professionals
  - Physicians (e.g., M.D.s, D.O.s)
  - Nurse practitioners
  - Certified nurse-midwives
  - Dentists
  - Physician assistants who furnish services in a Federally qualified health center (FQHC) or rural health center (RHC) that is led by a physician assistant

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ELIGIBILITY REQUIREMENTS

- Have a minimum of 30 percent patient volume; or
- Have a minimum of 20 percent Medicaid patient volume, and be a Board Certified pediatrician; or
- Practice predominantly in a federally qualified health center (FQHC) or rural health clinic (RHC) and have a minimum of 30 percent patient volume attributable to needy individuals; and
- Have a certified EHR (electronic health records system)

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PATIENT VOLUME

- **Encounter –** Service(s) rendered to a patient on any one day, regardless of payment liability (paid, denied, etc.).
- Medicaid encounters must be reported as billed or non-billed. Billed and non-billed encounters will be combined to obtain your total Medicaid encounters.
  - **Billed encounters -** Services rendered to Medicaid patients that were billed to OHCA for reimbursement.
  - **Non-billed encounters -** Services rendered to Medicaid patients that were not billed to OHCA for reimbursement.

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PATIENT VOLUME, CONT'D

- Patient volume data will include all unique encounters that took place during the selected 90-day period.
- Providers have the option of using group or individual patient volume.
  - Keep in mind that all professionals in the group must use the same patient volume type, group or individual.
- EP patient volume can be obtained from either previous calendar year or from the most recent 12 months prior to the date of attestation.

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PATIENT VOLUME, CONT'D

- Patient volume percentages between 29.5 and 29.99 will be rounded up to 30 percent; patient volume percentages between 19.5 and 19.99 will be rounded up to 20 percent for qualifying pediatric providers.
- A detailed patient volume report must be sent in at the time the attestation is submitted. The report can now be uploaded with the attestation. If you are unable to upload the document, you may email the report to www.EHRdocuments@okhca.org.

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ARE THERE PENALTIES?

- The Medicaid EHR Incentive Program does not issue a penalty for non-participation.
- For Medicaid EPs who provide services for Medicare patients, Medicare reimbursement will be reduced for not successfully demonstrating meaningful use in either the Medicaid or Medicare EHR Incentive Program.

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HOW MUCH WILL YOU GET PAID?

Participation Year	2011	2012	2013	2014	2015	2016*
2011	$21,250					
2012	$8,500	$21,250				
2013	$8,500	$8,500	$21,250			
2014	$8,500	$8,500	$8,500	$21,250		
2015	$8,500	$8,500	$8,500	$8,500	$21,250	
2016	$8,500	$8,500	$8,500	$8,500	$8,500	$21,250
2017		$8,500	$8,500	$8,500	$8,500	$8,500
2018			$8,500	$8,500	$8,500	$8,500
2019				$8,500	$8,500	$8,500
2020					$8,500	$8,500
2021						$8,500
Total	$63,750	$63,750	$63,750	$63,750	$63,750	$63,750

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STAGE OF MEANINGFUL USE

First Year Demonstrating Meaningful Use	Stage of Meaningful Use				
	2015	2016	2017	2018	2019 and Future Years
2011	Modified Stage 2	Modified Stage 2	Modified Stage 2 or Stage 3	Stage 3	Stage 3
2012	Modified Stage 2	Modified Stage 2	Modified Stage 2 or Stage 3	Stage 3	Stage 3
2013	Modified Stage 2	Modified Stage 2	Modified Stage 2 or Stage 3	Stage 3	Stage 3
2014	Modified Stage 2	Modified Stage 2	Modified Stage 2 or Stage 3	Stage 3	Stage 3
2015	Modified Stage 2	Modified Stage 2	Modified Stage 2 or Stage 3	Stage 3	Stage 3
2016	NA	Modified Stage 2	Modified Stage 2 or Stage 3	Stage 3	Stage 3
2017	NA	NA	Modified Stage 2 or Stage 3	Stage 3	Stage 3
2018	NA	NA	NA	Stage 3	Stage 3
2019 and Future Years	NA	NA	NA	NA	Stage 3

https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html

MODIFIED STAGE 2 RULE CHANGES

- Length of reporting periods by year:
  - Program year 2016 (last year to begin program and AIU) - 90 days for AIU and 1st year of MU; 365 days for providers/hospitals beyond first year of MU
    - ✓ There is a proposal for CMS to make 2016 a 90-day reporting period
  - Program year 2017 – 90 days for first year of MU and Stage 3 (optional); 365 days for providers/hospitals beyond first year of MU
  - Program years 2018 and beyond – 365 days for all professionals/hospitals

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MODIFIED STAGE 2 RULE CRITIERIA

- All providers are required to attest to a single set of objectives and measures
- No more core and menu measures
- No changes to clinical quality measures
- Types of certified EHR technology (CEHRT)
  - Program years 2016 and 2017 - providers may attest using either 2014 Edition CEHRT or 2015 Edition CEHRT
  - Program years 2018 and beyond - providers must attest using 2015 Edition CEHRT

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MODIFIED STAGE 2 RULE CRITERIA

- EPs report on 10 objectives and measures (https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/2016_EPTableOfContents.pdf)
- EHs and Critical Access Hospitals (CAHs) will now report on nine objectives and measures (https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/2016_EHTableOfContents.pdf)

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MODIFIED STAGE 2 RULE CRITERIA

- To better align with the federal rule, eligible hospitals (EHs) and Critical Access Hospitals (CAHs) will now calculate patient volume using inpatient discharges rather than inpatient bed days. See Eligible Hospital Patient Volume Tip sheet at: (http://www.okhca.org/EH_PV_Tipsheet)

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ATTESTATION PROCESS

- Register for EHR Incentive Program (ehrincentives.cms.gov)
- Log in to OHCA Provider Portal (ohcaprovider.com/hcp/provider)
  - Select “Update Provider File”
  - Select “Access my EHR Attestation”
  - Click “Attest” button

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ATTESTATION PROCESS, *CONT'D*

- Select the appropriate Attestation Type
- Answer and submit applicable attestation questions
- Submit the required supporting documentation:
  - Detailed Patient Volume Report to be uploaded or emailed;
  - All other documentation must be uploaded

Oklahoma HealthCare Authority

My Home | Eligibility | Claims | Prior Authorizations | Referrals | Files Exchange | Financial | Letters | Resources

Contact Us | Logout

My Home

Thursday 08/27/2015 03:16 PM CST

User Details

Welcome Test Provider

- My Profile
- Manage Accounts

Provider

Name Test Provider

Provider ID 1234567890 (NPI)

Taxonomy 000V00000X

SC Provider Number 123456789 A

Provider Services

- Member Focused Viewing
- Search Payment History

Welcome Health Care Professional!

We are committed to make it easier for physicians and other providers to perform their business. In addition to providing the ability to verify member eligibility and submit claims, our secure site provides access to payment history and the ability to search for helpful information under the Resources menu.

- Contact Us
- Secure Correspondence
- Referrals
- Update Provider Files
- Upload Behavioral Health Records

Helpful Links

- Insure Oklahoma Employer/Agent Portal

Oklahoma HealthCare Authority

My Profile Home | Personal & Professional | Practice | Address & Contacts | Financial | EFT/ERA | EHR

It's time to participate in the Oklahoma EHR Incentive Program again. You may complete your attestation now.

Primary Specialty	Contract	Dates	Signee
Obstetrician/Gynecologist	Medicaid Program	5/1/2012 - 9/30/2016	not available
	Ordering/Referring Provider	5/1/2012 - 9/30/2016	not available

I want to change my...

Payment & Tax Reporting

- Banking information
- Tax Reporting Name and ID

Address & Contacts

- Service location
- Mailing or 'Pay To' address
- Correspondence contacts

EFT & ERA

- EFT Enrollment
- ERA Enrollment

Office Information

- Office h
- Covering
- Languages spoken by staff

Click here.

I want to:

- Access my EHR attestation
- View my General Agreement
- View my Tribal Health Service Physician Special Provisions
- View my OK EHR INCENTIVE AMENDMENT EP
- View the OHCA policies and rules
- Add a new service location

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My Profile Home | Personal & Professional | Practice | Address & Contacts | Financial | EHR

Oklahoma Electronic Health Record Incentive Program

Attestation History

Participation Year	Reporting Year	Attestation Type	Status View legend	Status Date	ATN	Active?	Actions
1	2011	AIU, EP	Payment Issued	06/29/2011	66049	No	View
2	2014	MU Stage 1, EP, 90	Payment Issued	05/27/2015	219594	Yes	View

Next Attestation Period:

Before completing your next attestation, review the Provider Manual for more information on the objectives and measures to which you will be attesting. Click on the button below to attest.

Participation Year: 3

Attestation Type: Meaningful Use, 90 days - EP

Earliest day to attest: 03/09/2016

Last day to attest: 03/31/2022

Note: You may participate 4 more times before the program ends in 2021.

Select

ATTEST

Quick Links

- Oklahoma EHR Incentive Program
- Certified HIT Product List
- Modified Stage 2 Specifications – EP
- Modified Stage 2 Specifications – EH
- Security Risk Analysis
- FCC Broadband

Oklahoma HealthCare Authority

My Provider Profile > EHR Incentive Program > **CMS Registration Information**

Oklahoma EHR Incentive Program - CMS Registration Information

Your CMS Registration indicates you entered the following into the CMS EHR Registration and Attestation system:

CMS Registration Number:	1000123456	**Payee TIN:**	123456789
Payee Name:	XYZ Corporation	**Payee NPI:**	1234567890

If this is not correct, '**Exit**' now, change yo information in the CMS system, and come ack after 2 business days.

Attest Now:

If you are ready to attest to meeting the requirements for 2014 Meaningful Use Stage 1 - 90 days - EP (OR) 2013 Meaningful U

1. Answer all questio
2. Read the OK EHR
3. Electronically sign

Before you start:

It may be helpful to ha

- Information about
- The number of SoonerCare and other State's Medicaid encounters and total paid encounters for all practices you were affiliated with for a 90-day reporting period.
- If you are attesting to Meaningful use, the numerators, denominators, and exclusions for those measures and Clinical Quality Measures you will be reporting. This information should be available from your EHR system.
- All documentation used in the calculation of patient volume, Meaningful Use measures or any other EHR Incentive Program data must be retained for 6 years.

Getting Started:

You do not have to complete your attestation in one session. You may save your responses and return to complete your attestation at a later time.

If you need further assistance, please contact the EHR Incentive Program Team by phone at (405) 522-7347 or by email at OKEHRINCENTIVE@okhca.org.

NEXT ▸ EXIT

Quick Links

- Oklahoma EHR Incentive Program
- Certified HIT Product List
- CMS EHR Stage 1
- CMS EHR Stage 2
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Verify this information is correct, any errors must be corrected in the CMS Registration and Attestation system.

Select

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My Provider Profile > EHR Incentive Program > **Attestation Contact**

Oklahoma EHR Incentive Program - Change Attestation Contact

Use the Previous button at the bottom of the page in place of the browser back button.

Change your attestation contact.

When you have finished, select "**Update**" to go back to the summary page.

Required fields are marked with an asterisk (*).

Attestation Contact

Who should we contact if we have questions about your attestation?

Enter the contact information below.

First Name: * Test

Last Name: * Provider

Phone: * (123) 456 - 7890 ext.

Email: * testprovider@email.com

[yourname@domain.com]

Re-enter Email: * testprovider@email.com

Are you or your clinic a member of a Health Information Exchange (HIE)?

* (•) Yes
( ) No
( ) Unknown

Name HIE: * Test HIE

PREVIOUS UPDATE

I want to:

- Review attestation answers

Quick Links

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My Provider Profile > EHR Incentive Program > **Attestation Type**

Change Oklahoma EHR Incentive Program - Attestation Type

Change your Attestation Type.

When you have finished, select "**Update & Next**" to go back to the summary page.

Required fields are marked with an asterisk (*).

To which item are you attesting? *

- ○ Adopt/Implement/Upgrade - EP (20)
- ◉ Meaningful Use, 90 days - EP (42)

Select attestation type.

Enter the begin and end dates for the Meaningful Use reporting period associated with this attestation.

Please note this date range is NOT your patient volume reporting date.

Reporting Period Begin Date: * mm/dd/yyyy

Reporting Period End Date: * mm/dd/yyyy

Date range must be 90 days

This must be exactly 90 or 365 days!

PREVIOUS | UPDATE

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My Provider Profile > EHR Incentive Program > **EHR System**

Change Oklahoma EHR Incentive Program - EHR System

Use the Previous button at the bottom of the page in place of the browser back button.

Change your EHR System.

When you have finished, select "**Update**" to go back to the summary page.

Required fields are marked with an asterisk (*).

EHR System

EHR Certification Number: *	A014E01O2UUGEAV
Vendor: *	QUATRIS HEALTH
Product Name: *	CENTRICITY PRACTICE SOLUTION
Version Number: *	12

This must match vendor letter.

PREVIOUS UPDATE

Attestation Type

MU Stage 1, EP, 90
06/01/2014 - 08/29/2014

to:

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Required fields are marked with an asterisk (*).

Patient Volume Date Range

- Prior Calendar Year
- Previous 12 Months

Select patient volume period.

Enter the 'From' and 'To' dates of service for the encounters below.

'From' Date of Service: * mm/dd/yyyy

'To' Date of Service: * mm/dd/yyyy

This must be 90 days or three months.

Encounter Type

Select the method that you are using when reporting patient volume.

Which should I select?

* Individual encounters
- Group encounters

All providers within the same facility must use the same encounter type.

Provider Type

Are you claiming the hospital based exemption?

What is the hospital based exemption?

☐ Yes, I am a claiming the hospital based exemption

Are you a board-certified pediatrician?

☐ Yes, I am a board-certified pediatrician

Do you practice predominantly in an FQHC or RHC?

☐ Yes, I practice predominantly in an FQHC or RHC

- CMS EHR Stage 1
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Patient Volume Calculation Show All

Clear

Billing NPI: *

SoonerCare Billing Provider ID: * Select one... More info

Certified EHR at this location? * Yes No

Number of Billed SoonerCare (Oklahoma Medicaid) Encounters: * 0 What is a

Number of Non-Billed SoonerCare (Oklahoma Medicaid) Encounters: * 0 What is a

Number of Needy Individual Encounters: 0 More info

If you treated Medicaid patients from other states, select the state an
number of encounters.

Medicaid encounters must be separated by billed and non-billed encounters.

Other State's Medicaid Show All

Clear

If you treated Medicaid patie the state and enter the
appropriate number of encou

Add additional states

Total Number of Encour
this Service Location (i
Medicaid and Needy Ind
Encounters):

Only enter other state's Medicaid encounters rendered under the billing NPI entered above.

Select "Add additional clinics" if you need to add Medicaid patients from other clinics or from other states not associated with the service location selected above.

Add additional clinics

Select 'Add additional clinics' if encounters from other locations need to entered.

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My Provider Profile > EHR Incentive Program > **Meaningful Use Core Measures**

Oklahoma EHR Incentive Program - Meaningful Use Core Measures

Use the Previous button at the bottom of the page in place of the browser back button.

Question 2 of 10

Objective: (Choose One)

- ○ Use **clinical decision support** to improve performance on high-priority health conditions.
- ◉ Alternate - For Stage 1 providers in 2015, Implement one clinical decision support rule relevant to specialty or high clinical priority, along with the ability to track compliance with that rule.

Measure: **Measure 1**: Implement one clinical decision support rule.
Measure 2: The EP has enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period.

Exclusion: For the second measure, any EP who writes fewer than 100 medication orders during the EHR reporting period.

Please answer the following questions.

When you have finished, select "**Save & Next**" to continue.

Required fields are marked with an asterisk (*).

Measure 1

Have you implemented one clinical decision support rule? *

- ○ Yes
- ○ No

Measure 2

Exclusion

Any EP who writes fewer than 100 medication orders during the EHR reporting period would be excluded from Measure 2. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

Attestation Type

MU, EP, 90
01/01/2015 - 03/31/2015

I want to:

- Review attestation answers

Quick Links

- Oklahoma EHR Incentive Program
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Question 8 of 10

Objective: Provide patients the ability to view online, download, and transmit their health information within 4 business days of the information being available to the EP.

Measure: Note: EPs must satisfy both measures in order to meet this objective.
Measure 1: More than 50 percent of all unique patients seen by the EP during the EHR reporting period are provided timely access to view online, download, and transmit to a third party their health information subject to the EP's discretion to withhold certain information.
Measure 2: At least one patient seen by the EP during the EHR reporting period (or patient authorized representative) views, downloads, or transmits to a third party his or her health information during the EHR reporting period.

Exclusion: **Exclusion 1 (for Measure 2)**: Any EP who neither orders nor creates any of the information listed for inclusion as part of the measures, **Or**
Exclusion 2 (for Measure 2): Any EP who conducts 50 percent or more of his or her patient encounters in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period.

Alternate Exclusion: Provider may claim an exclusion for the second measure if for an EHR reporting period in 2015 they were scheduled to demonstrate Stage 1, which does not have an equivalent measure.

MU, EP, 90
01/01/2015 - 03/31/2015

I want to:

- Review attestation answers

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Make changes to your information.
When you have finished, select "**Update**" to go back to the summary page.

Required fields are marked with an asterisk (*).

Measure 1

Numerator: *

! Numerator is required
The number of patients in the denominator who have access to view online, download and transmit their health information within 4 business days after the information is available to the EP.

Denominator: *

! Denominator is required
Number of unique patients seen by the EP during the EHR reporting period.

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My Provider Profile > EHR Incentive Program > **Meaningful Use Core Measures**

Oklahoma EHR Incentive Program - Meaningful Use Core Measures

Use the Previous button at the bottom of the page in place of the browser back button.

Question 10 of 10

Objective: The EP is in active engagement with a public health agency to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.

Measure: **Measure 1 - Immunization Registry Reporting:** The EP is in active engagement with a public health agency to submit immunization data.
Measure 2 - Syndromic Surveillance Reporting: The EP is in active engagement with a public health agency to submit syndromic surveillance data.
Measure 3 - Specialized Registry Reporting: The EP is in active engagement to submit data to a specialized registry.

Attestation Type

MU, EP, 90
01/01/2015 - 03/31/2015

I want to:

- Review attestation answers

Quick Links

- Oklahoma EHR Incentive Program

Measure 1 - Immunization Registry Reporting

Is the EP in active engagement with a public health agency to submit immunization data? *

- (●) Yes
- ( ) No

Date of Registration/Date Approved * mm/dd/yyyy

Immunization Registry * Select

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Measure 2 - Syndromic Surveillance Reporting

Is the EP in active engagement with a public health agency to submit syndromic surveillance data? *

- (●) Yes
- ( ) No

Date of Registration/Date Approved * mm/dd/yyyy

Public Health Agency *

Measure 3 - Specialized Registry Reporting

Is the EP in active engagement to submit data to a specialized registry? *

- (●) Yes
- ( ) No

Date of Registration/Date Approved * mm/dd/yyyy

Specialized Registry *

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Oklahoma EHR Incentive Program - Clinical Quality Measures

Use the Previous button at the bottom of the page in place of the browser back button.

To demonstrate meaningful use successfully, you are required to report clinical quality measures specific to eligible professionals.

You must report on 9 of the 64 approved CQMs. There are recommended core CQMs that are encouraged but not required. These include 9 for the adult population and 9 for the pediatric population.

The CQMs that you select must cover at least 3 of the the Department of Health and Human Services' National Quality Stategy domains. These domains include:

- Patient and Family Engagement
- Patient Safety
- Care Coordination
- Population and Public Health
- Efficient Use of Healthcare Resources
- Clinical Processes/Effectiveness

Numerator, denominator, and exclusion information for clinical quality measures must be reported directly from information generated by certified EHR technology.

If you are ready to select your Clinical Quality Measures, select "**Next**" to continue.

PREVIOUS | EXIT | NEXT

Attestation Type

MU Stage 1, EP, 90
06/01/2014 - 08/29/2014

I want to:

- Review attestation answers

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- Oklahoma EHR Incentive Program
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My Provider Profile > EHR Incentive Program > **Core Clinical Quality Measures**

Oklahoma EHR Incentive Program - Core Clinical Quality Measures

Use the Previous button at the bottom of the page in place of the browser back button.

You must report on a minimum of **nine** Clinical Quality Measures. The measures selected must cover at least **three** of the National Quality Strategy domains of Patient and Family Engagement, Patient Safety, Care Coordination, Population/Public Health, Efficient Use of Healthcare Resources, and Clinical Process/Effectiveness.

Please select at least **9** measures from the list below.

- ☐ Do you want to select the recommended core clinical quality measures for the adult population?
- ☐ Do you want to select the recommended core clinical quality measures for the pediatric population?"

What are the Adult recommended core measures?

What are the Pediatric recommended core measures?

When you have finished, select "**Save & Next**" to continue. You will then be asked to report selected measures.

Attestation Type

MU Stage 1, EP, 90
06/01/2014 - 08/29/2014

You may select one of the predefined sets of core CQMs or select your own below.

Patient and Family Engagement — Show All Des

NQF / CMS	Title	Select
TBD / 56.2	Functional Status Assessment for Hip Replacement Show Description	☐
TBD / 66.2	Functional Status Assessment for Knee Replacement Show Description	☐
TBD / 90.3	Functional Status Assessment for Complex Chronic Conditions Show Description	☑
0384 / 157.2	Oncology: Medical and Radiation - Pain Intensity Quantified	☐

- Security Risk Analysis
- FCC Broadband

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Oklahoma EHR Incentive Program - Core Clinical Quality Measures

Use the Previous button at the bottom of the page in place of the browser back button.

Question 3 of 11 | **NQF 0022 / CMS 156.2**

Title: Use of High-Risk Medications in the Elderly

Description: Percentage of patients 66 years of age and older who were ordered high-risk medications. Two rates are reported.
a. Percentage of patients who were ordered at least one high-risk medication.
b. Percentage of patients who were ordered at least two different high-risk medications.

Domain: Patient Safety

Please complete the following information. All values entered must be whole numbers.
When you have finished, select "**Save & Next**" to continue.

Required fields are marked with an asterisk (*).

Numerator: *
Patients with an order for at least one high-risk medication during the measurement period.

Denominator: *
Patients 66 years and older who had a visit during the measurement period.

Numerator: *
Patients with an order for at least two different high-risk medications during the measurement period.

Denominator: *
Patients 66 years and older who had a visit during the measurement period.

PREVIOUS | SAVE & EXIT | SAVE & NEXT

Attestation Type
MU Stage 1, EP, 90
06/01/2014 - 08/29/2014

I want to:
- Review attestation answers

Quick Links
- Oklahoma EHR Incentive Program
- Certified HIT Product List
- CMS EHR Stage 1

Some CQMs may have multiple sets of numerators and denominators. You must enter a zero if you have no entry.

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Oklahoma EHR Incentive Program - In Progress Review

Use the Previous button at the bottom of the page in place of the browser back button.

You have not finished your attestation.

To review a specific section of the attestation, select the name of the section from the list below. If you wish to change something, select the "**Change**" link next to the answer you wish to change.

Once all sections are complete, you will be able to submit the attestation.

Attestation Section — Hide All Sections

Section	Status
Attestation Contact	Complete

Contact Name: TEST PROVIDER
Contact Phone: (123)456-7890
Contact Email: testprovider@email.com
Health Information Exchange: No HIE

Change Contact Information

Attestation Type	Complete

Attestation Type: 2014 Meaningful Use Stage 1, 90 days - EP
Date Range: 06/01/2014 - 08/29/2014

Change Attestation Type

EHR Certified System	Complete

EHR Certification Number: A014E01O2UUGEAV
Vendor: QUATRIS HEALTH
Product Name: CENTRICITY PRACTICE SOLUTION
Version Number: 12

Change EHR Certified System Information

Provider Agreement

- OK EHR INCENTIVE AMENDMENT EP

Documents to Fax

- Vendor letter on vendor letterhead or documents supporting legal or financial obligation of a

Review the information you have entered throughout the attestation process. If any of the information is incorrect, select the "Change…" link for that section.

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There are three types of indicators to identify if you met the measure requirements. Green checkmark = Passed, Red X = Failed, Yellow exclamation mark = Incomplete. If you need to correct or complete a measure, select the "change answer" link for that measure.

Meaningful Use Core Measures — Complete

Measure Information	Your Information
Objective: Use computerized provider order entry (CPOE) for medication orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines.	change answer
Measure: More than 30% of all unique patients with at least one medication in their medication list seen by the EP have at least one medication order entered using CPOE.	**Exclusion:** No **Numerator:** 372 **Denominator:** 604 61.58%
Exclusion: Based on ALL patient records: Any EP who writes fewer than 100 prescriptions during the EHR reporting period would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.	
Objective: Implement drug-drug and drug-allergy interaction checks.	change answer
Measure: The EP has enabled this functionality for the entire EHR reporting period.	No
Objective: Maintain an up-to-date problem list of current and active diagnoses.	change answer
Measure: More than 80% of all unique patients seen by the EP have at least one entry or an indication that no problems are known for the patient recorded as structured data.	**Numerator:** 740 **Denominator:** 756 97.88%
Objective: Generate and transmit permissible prescriptions electronically (eRx).	change answer

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Oklahoma EHR Incentive Program - Submit Attestation

Use the Previous button at the bottom of the page in place of the browser back button.

Before submitting your attestation, you must:

- Read the OK EHR INCENTIVE AMENDMENT EP.
- Sign the amendment by selecting the checkbox below. This electronic signature has the same legal effect and can be enforced in the same way as a written signature.

Instructions for completing the electronic attestation process

OHCA rules provide that electronic signatures can be used when both parties agree to conduct business electronically. By executing this electronically, you are agreeing to use an electronic signature. Any person who fraudulently represents facts in an electronic transaction, acts without authority, or exceeds their authority to perform an electronic transaction may be prosecuted under all applicable criminal and civil laws.

☑ **This is to certify that the foregoing information is true, accurate, and complete. I understand that Oklahoma EHR incentive payments submitted under this provider number will be from Federal funds, and that any falsification, or concealment of a material fact may be prosecuted under Federal and State laws.**

By signing I agree to the terms in this amendment.

Name TEST PROVIDER

PREVIOUS SUBMIT

Quick Links

- Oklahoma EHR Incentive Program
- Certified HIT Product List

Select the check box acknowledging the information submitted is correct. Provider Signature page is no longer required.

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Oklahoma EHR Incentive Program - Acknowledgment

Your attestation is not complete until you upload the supporting documentation to OHCA.

Your amendment was received on 08/25/2015

Your Tracking Number is 123456

Provider:	Smith, John MD
Provider ID:	123456789A
NPI:	9876543210
Designated Payment Provider Name:	Jones, Richard
Designated Payment Provider TIN:	333222111A
Reporting Period:	2012
Participation Year and Type of Attestation:	Year 2 - Meaningful Use Stage 2

I want to:

- Upload Required Documents
- Print fax cover sheet
- Print Hospital EHR payment worksheet
- Print copy of this screen

What happens next?

Before payments can be made, you must submit supporting documentation to OHCA.

You may upload or fax a copy of the following documents to the OHCA.

- If faxing, please be sure to use your personal fax cover sheet - it contains your Application Tracking Number which ties your documents to your attestation.

Documents to be submitted:

- Copy of report used for Meaningful Use data
- Vendor letter on vendor letterhead or documents supporting legal or financial obligation of a CEHRT. Example vendor letter
- Copy of report used for patient volume data; report must include: Provider name, Soonercare Provider ID, Member Name, Soonercare Member ID, DOS and Primary Diagnosis
- Proof of Board Certification for board-certified pediatricians

[All documentation used in the calculation of patient volume, Meaningful Use measures or any other EHR Incentive Program data must be retained for 6 years]

When will I receive my payment?

Provider ID shown above after OHCA
d above.

gram Team by phone at

Supporting documentation may now be uploaded rather than faxed in. Select the upload link to submit your documentation.
NOTE: Patient volume documentation can now be uploaded with your attestation.

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Upload Required Documents

Please upload a copy of the following documents to the OHCA. You may submit multiple files at one time by selecting "Browse", attaching your files and selecting "Upload".

Allowed file types are .PDF, .PNG, .JPG, .JPEG, .BMP, .TIF, .TIFF, .GIF. If one of your documents to be uploaded is not one of these file types then you will need to convert it to an allowable file type.

- Vendor letter on vendor letterhead or documents supporting legal or financial obligation of a CEHRT
  Example Vendor Letter
- Proof of certification for board-certified pediatricians
- Copy of report used for patient volume data; report must include: Provider name, Soonercare Provider ID, Member Name, Soonercare Member ID, DOS and Primary Diagnosis
- Copy of report used for Meaningful Use data

Quick Links

- Oklahoma EHR Incentive Program
- Certified HIT Product List
- CMS EHR Stage 1

Browse...

Browse...

Browse...

Browse...

Upload Date	File Name	File Status
09/15/2015 08:53 AM	Deason 2015 PV report-tiff_Page_2.tif	File Received
09/15/2015 08:49 AM	Deason 2015 PV report1-GIF.gif	File Received
09/15/2015 08:41 AM	ADA (ID 200509290A) STATE SUBMISSION PATIENT LEVEL DETAIL FILE (6 1 14-8 29 14).pdf	File Received
09/15/2015 08:41 AM	Deason 2015 PV report1-bmp.bmp	File Received
09/15/2015 08:41 AM	Richard Schafer 2014 PV report 2 of 2.pdf	File Received

You may upload up to four documents at a time. If you have more than four documents, simply upload the first four and then upload any additional documents afterward.
NOTE: When uploading, you do not need to include the fax cover sheet.

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DOCUMENTS TO BE UPLOADED

- Vendor letter must include:
  - Vendor letterhead
  - Practice/Individual provider name
  - Product name
  - EHR certification number and/or Certified Health IT Product List (CHPL) number and
  - Version number
- Copy of meaningful use report

***Contact the EHR Team (see Resources slide) if you have questions or concerns with providing the requested information.**

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SAMPLE EHR VENDOR LETTER

(VENDOR LETTERHEAD)

Date

EHR Incentive Program – Verification Letter

(Vendor) has verified the status of the practice in support of the EHR Incentive Program. As part of this verification, **(Vendor)** confirms that the practice is an active customer to **(Vendor)** and their account is in a positive financial status.

Practice name and contact	NAME ADDRESS PHONE FAX EMAIL
Vendor name and contact	NAME ADDRESS PHONE FAX EMAIL
Certified product name	Name of EHR System
Certified product version	Version of EHR System
ONC Certification # (CHPL Product #)	Example Only: CC-1 1 12-956447-1
CMS EHR Certification ID#	Example Only : 30000003 SVE6EAC

SAMPLE

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DOCUMENTS TO BE EMAILED

- Email documents to EHRDocuments@okhca.org
- Copy of report used for patient volume, must include:
  - SoonerCare provider ID and/or provider name
  - SoonerCare member ID and/or member name
  - Dates of service
  - Primary diagnosis

***Contact the EHR Team (see Resources slide) if you have questions or concerns with providing the requested information.**

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PROGRAM **UPDATES**

- Provider signature page no longer required
- Automatic notifications will be emailed to the address submitted in the EHR attestation if:
  - documents are not uploaded or faxed;
    - ✓ Attestation will deny if supporting documents are not received (via upload or fax) within 30 days of submission date
  - corrections are not made or resubmitted;
    - ✓ Attestation will deny if the corrections are not received (via upload or fax) within 30 days of the initial request
  - additional documents are not uploaded or faxed;
    - ✓ Attestation will deny if additional documents required are not received (via upload or fax) within 30 days of the initial request.

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PROGRAM UPDATES CONT'D

- Notifications will be sent out on the 15th day following the date of the initial request.
- It is important to enter a regularly-monitored email address in the attestation to ensure that you receive all messages.

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RESOURCES

- **Oklahoma EHR Incentive Program Team**:
  - 405-522-7347
  - okehrincentive@okhca.org
  - www.okhca.org/ehr-incentive
- **OHCA Provider Portal password resets:**
  - 800-522-0114, option 2 > option 1
- **OHCA contracting questions:**
  - 800-522-0114, option 5

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MORE RESOURCES

- **Helpful information on the web:**
  - www.cms.gov/EHRIncentivePrograms
  - http://www.ofmq.com/health-information-technology
  - EHR Information Center Help Desk (CMS):
    1-888-734-6433, option 1
    Hours of operation: Mon – Fri, 7:30 a.m. – 6:30 p.m. (Central Time), except federal holidays

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