



# Oklahoma EHR Incentive Program EHR Attestation Process

Fall 2017

# WHO CAN PARTICIPATE?

- Returning 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 (PA)

# 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)

# 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.

# 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.

## 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](mailto:www.EHRdocuments@okhca.org).
- A provider should have at least one (1) Medicaid encounter during the patient volume (PV) begin date or beginning of the program year (whichever is earlier) and the date the attestation was submitted in order to qualify for the program.

# 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

# STAGE OF MEANINGFUL USE

## Timeline for EHR Incentive Programs in 2015 through 2017

The table below outlines the Stage providers attest to for the EHR Incentive Programs in 2015 through 2017. In 2015 and 2016, providers attest to a single set of objectives and measures with alternate exclusions and specifications for providers previously scheduled to be in Stage 1. In 2017, providers may attest to either the same single set of objectives and measures (modified version of Stage 2) used in 2015 and 2016 (without alternate exclusions and specifications) or Stage 3.

First year as a meaningful EHR user Stage of meaningful use	Stage of Meaningful Use		
	2015	2016	2017
2011	Modified Stage 2	Modified Stage 2	Modified Stage 2 Or Stage 3
2012	Modified Stage 2	Modified Stage 2	Modified Stage 2 Or Stage 3
2013	Modified Stage 2	Modified Stage 2	Modified Stage 2 Or Stage 3
2014	Modified Stage 2*	Modified Stage 2	Modified Stage 2 Or Stage 3
2015	Modified Stage 2*	Modified Stage 2	Modified Stage 2 Or Stage 3
2016	N/A	Modified Stage 2	Modified Stage 2 Or Stage 3

[www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html](http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html)



# PROGRAM YEAR - 2017

- Modified Stage 2
  - Required for first year Meaningful Use users
- 90 day reporting period
- CEHRT 2014, 2015 or a combination of 2014/2015
- EP –10 objectives
- EH – 9 objectives
- Stage 3 - optional

# 2017 OBJECTIVES AND MEASURES - EP

## Medicaid Eligible Professionals EHR Incentive Program Modified Stage 2 Objectives and Measures for 2017 Table of Contents

Updated: November 2016

Eligible Professional Objectives and Measures	
(1)	<a href="#">Protect electronic protected health information (ePHI)</a> created or maintained by the CEHRT through the implementation of appropriate technical capabilities.
(2)	Use <a href="#">clinical decision support</a> to improve performance on high-priority health conditions.
(3)	Use <a href="#">computerized provider order entry (CPOE)</a> for medication, laboratory, and radiology orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local, and professional guidelines.
(4)	Generate and transmit permissible discharge prescriptions electronically ( <a href="#">eRx</a> ).
(5)	<a href="#">Health Information Exchange</a> – The EP who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care provides a summary care record for each transition of care or referral.
(6)	Use clinically relevant information from CEHRT to identify <a href="#">patient-specific education</a> resources and provide those resources to the patient.
(7)	The EP who receives a patient from another setting of care or provider of care or believes an encounter is relevant performs <a href="#">medication reconciliation</a> .
(8)	<a href="#">Patient Electronic Access</a> – 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.
(9)	Use <a href="#">secure electronic messaging</a> to communicate with patients on relevant health information.
(10)	<a href="#">Public Health Reporting</a> – 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.

# 2017 OBJECTIVE AND MEASURES - EH

## Medicaid Eligible Hospital EHR Incentive Program Modified Stage 2 Objectives and Measures for 2017 Table of Contents

Updated: November 2016

Eligible Hospital Objectives and Measures	
(1)	<a href="#">Protect electronic protected health information (ePHI)</a> created or maintained by the CEHRT through the implementation of appropriate technical capabilities.
(2)	Use <a href="#">clinical decision support</a> to improve performance on high-priority health conditions.
(3)	Use <a href="#">computerized provider order entry (CPOE)</a> for medication, laboratory, and radiology orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local, and professional guidelines.
(4)	Generate and transmit permissible discharge prescriptions electronically ( <a href="#">eRx</a> ).
(5)	<a href="#">Health Information Exchange</a> – The eligible hospital who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care provides a summary care record for each transition of care or referral.
(6)	Use clinically relevant information from CEHRT to identify <a href="#">patient-specific education</a> resources and provide those resources to the patient.
(7)	The eligible hospital that receives a patient from another setting of care or provider of care or believes an encounter is relevant performs <a href="#">medication reconciliation</a> .
(8)	<a href="#">Patient Electronic Access</a> – Provide patients the ability to view online, download, and transmit their health information within 36 hours of hospital discharge.
(9)	<a href="#">Public Health Reporting</a> – The eligible hospital 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.

## MODIFIED STAGE 2 EP

- **Objective 8, Measure 2, Patient Electronic Access:** For an EHR reporting period in **2017, more than 5 percent of unique patients** seen by the EP during the EHR reporting period (or his or her authorized representatives) view, download or transmit to a third party their health information during the EHR reporting period.
- **Objective 9, Secure Messaging (EPs only):** For an EHR reporting period in **2017, for more than 5 percent of unique patients** seen by the EP during the EHR reporting period, a secure message was sent using the electronic messaging function of CEHRT to the patient (or the patient-authorized representative), or in response to a secure message sent by the patient (or the patient-authorized representative) during the EHR reporting period.

## MODIFIED STAGE 2 EH

- **Objective 8, Measure 2, Patient Electronic Access:**  
For an EHR reporting period in **2017, more than 5 percent of unique patients** discharged from the inpatient or emergency department (POS 21 or 23) of an eligible hospital or CAH (or patient authorized representative) view, download or transmit to a third party their health information during the EHR reporting period.

# PROGRAM YEAR 2018

- Modified Stage 2 or Stage 3
- 90-day reporting period
- 2014 or 2015 CEHRT or combination of the two (2)
  - ✓ Technology certified as a combination of the 2015 edition and 2014 edition can be used to attest to Stage 3 requirements, if the mix of certified technologies would not prohibit them from meeting the Stage 3 measures.
- Report on 8 objectives for both EP and EH

## STAGE 3 CONT'D

- Stage 3 includes flexibility within certain objectives to allow providers to choose the measures most relevant to their patient population or practice. The Stage 3 objectives with flexible measure options include:
  - **Coordination of Care through Patient Engagement** – Providers must attest to all three measures and must meet the thresholds for at least two measures to meet the objective.
  - **Health Information Exchange** – Providers must attest to all three measures and must meet the thresholds for at least two measures to meet the objective.
  - **Public Health Reporting** – Eligible professionals must report on two measures and eligible hospitals must report on four measures.

# OBJECTIVES AND MEASURES – STAGE 3 - EP

## Medicaid Eligible Professionals EHR Incentive Program Stage 3 Objectives and Measures for 2017 Table of Contents Updated: November 2016

Eligible Professional Objectives and Measures	
(1)	<a href="#">Protect electronic protected health information (ePHI)</a> created or maintained by the CEHRT through the implementation of appropriate technical, administrative, and physical safeguards.
(2)	Generate and transmit permissible prescriptions electronically ( <a href="#">eRx</a> ).
(3)	Implement <a href="#">clinical decision support (CDS)</a> interventions focused on improving performance on high-priority health conditions.
(4)	Use <a href="#">computerized provider order entry (CPOE)</a> for medication, laboratory, and diagnostic imaging orders directly entered by any licensed healthcare professional, credentialed medical assistant, or a medical staff member credentialed to and performing the equivalent duties of a credentialed medical assistant, who can enter orders into the medical record per state, local, and professional guidelines.
(5)	<a href="#">Patient Electronic Access</a> - The EP provides patients (or patient-authorized representative) with timely electronic access to their health information and patient-specific education.
(6)	<a href="#">Coordination of Care</a> - Use CEHRT to engage with patients or their authorized representatives about the patient's care.
(7)	<a href="#">Health Information Exchange</a> - The EP provides a summary of care record when transitioning or referring their patient to another setting of care, receives or retrieves a summary of care record upon the receipt of a transition or referral or upon the first patient encounter with a new patient, and incorporates summary of care information from other providers into their EHR using the functions of CEHRT.
(8)	<a href="#">Public Health Reporting</a> - the EP is in active engagement with a public health agency or clinical data registry to submit electronic public health data in a meaningful way using certified EHR technology, except where prohibited, and in accordance with applicable law and practice.



# OBJECTIVES AND MEASURES – STAGE 3 -EH

## Medicaid Eligible Hospital EHR Incentive Program Stage 3 Objectives and Measures for 2017 Table of Contents

Updated: November 2016

Eligible Hospital Objectives and Measures	
(1)	<a href="#">Protect electronic protected health information (ePHI)</a> created or maintained by the CEHRT through the implementation of appropriate technical, administrative, and physical safeguards.
(2)	Generate and transmit permissible discharge prescriptions electronically ( <a href="#">eRx</a> ).
(3)	Implement <a href="#">clinical decision support (CDS)</a> interventions focused on improving performance on high-priority health conditions.
(4)	Use <a href="#">computerized provider order entry (CPOE)</a> for medication, laboratory, and diagnostic imaging orders directly entered by any licensed healthcare professional, credentialed medical assistant, or a medical staff member credentialed to and performing the equivalent duties of a credentialed medical assistant, who can enter orders into the medical record per state, local, and professional guidelines.
(5)	<a href="#">Patient Electronic Access</a> - The eligible hospital or CAH provides patients (or patient authorized representative) with timely electronic access to their health information and patient-specific education.
(6)	<a href="#">Coordination of Care</a> - Use CEHRT to engage with patients or their authorized representatives about the patient's care.
(7)	<a href="#">Health Information Exchange</a> - The eligible hospital or CAH provides a summary of care record when transitioning or referring their patient to another setting of care, receives or retrieves a summary of care record upon the receipt of a transition or referral or upon the first patient encounter with a new patient, and incorporates summary of care information from other providers into their EHR using the functions of CEHRT.
(8)	<a href="#">Public Health Reporting</a> - The eligible hospital or CAH is in active engagement with a public health agency or clinical data registry to submit electronic public health data in a meaningful way using certified EHR technology, except where prohibited, and in accordance with applicable law and practice.

# ATTESTATION PROCESS

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

# 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

### 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](#)

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 hours](#)
- [Covering providers](#)
- [Languages spoken by staff](#)



#### 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](#)

## Oklahoma Electronic Health Record Incentive Program

### Attestation History

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

### 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 EHR Incentive Program - CMS Registration Information

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

<b>CMS Registration Number:</b>	1000123456	<b>Payee TIN:</b>	123456789
<b>Payee Name:</b>	XYZ Corporation	<b>Payee NPI:</b>	1234567890

### Quick Links

- [Oklahoma EHR Incentive Program](#)
- [Certified HIT Product List](#)
- [CMS EHR Stage 1](#)
- [CMS EHR Stage 2](#)
- [Security Risk Analysis](#)
- [FCC Broadband](#)

If this is not correct, 'Exit' now, change your information in the [CMS system](#), and come back after 2 business days.

### Attest Now:

If you are ready to attest to me (OR) 2013 Meaningful Use Stage 1:

1. Answer all questions in the [CMS system](#).
2. Read the [OK EHR INCENTIVE PROGRAM](#) document.
3. Electronically sign your attestation.

Verify this information is correct, any errors must be corrected in the CMS Registration and Attestation system.

### Before you start:

It may be helpful to have the information below before you begin answering the questions:

- Information about your ONC Certified EHR system including vendor, product name, and version.
- 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](mailto:OKEHRINCENTIVE@okhca.org).



## 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:** \*

**Last Name:** \*

**Phone:** \* (  )  -  ext.

**Email:** \*

[yourname@domain.com]

**Re-enter Email:** \*

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

- \*  Yes  
 No  
 Unknown

**Name HIE:** \*  x

#### I want to:

- [Review attestation answers](#)

#### Quick Links

- [Oklahoma EHR Incentive Program](#)
- [Certified HIT Product List](#)
- [CMS EHR Stage 1](#)
- [CMS EHR Stage 2](#)
- [Security Risk Analysis](#)
- [FCC Broadband](#)

[← PREVIOUS](#)

[UPDATE](#)



# ATTESTATION TYPE

[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? \*

- Meaningful Use Stage 2, 90 days - EH (34)
- Meaningful Use Stage 3, 90 days - EH (35)

**By making this selection, you must have a 2015 edition certified EHR.**

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 range.

**Reporting Period Begin Date: \***

**Reporting Period End Date: \***

Date range must be 90 days

This must be exactly 90 days!

### Quick Links

- [Oklahoma EHR Incentive Program](#)
- [Certified HIT Product List](#)
- [2017 EP Modified Stage 2 Specification Sheets](#)
- [2017 EH Modified Stage 2 Specification Sheets](#)
- [2017 EP Stage 3 Specification Sheets](#)
- [2017 EH Stage 3 Specification Sheets](#)
- [Security Risk Analysis](#)
- [FCC Broadband](#)

← PREVIOUS

UPDATE

## 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: \***

**Vendor: \***

**Product Name: \***

**Version Number: \***

This must match vendor letter.

◀ PREVIOUS

UPDATE

#### 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](#)
- [CMS EHR Stage 2](#)
- [Security Risk Analysis](#)
- [FCC Broadband](#)

Required fields are marked with an asterisk (\*).

### Patient Volume Date Range

- Prior Calendar Year
- Previous 12 Months

Select patient volume period.

- [CMS EHR Stage 1](#)
- [CMS EHR Stage 2](#)
- [Security Risk Analysis](#)
- [FCC Broadband](#)

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

'From' Date of Service: \*

'To' Date of Service: \*

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?

- Yes, I am a claiming the hospital based exemption

[What is 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

**Patient Volume Calculation** [+ Show All](#)

☰ [Clear](#)

**Billing NPI: \***

**SoonerCare Billing Provider ID: \***  [+ More info](#)

**Certified EHR at this location? \***  Yes  No

**Number of Billed SoonerCare (Oklahoma Medicaid) Encounters: \***  [+ What is](#)

**Number of Non-Billed SoonerCare (Oklahoma Medicaid) Encounters: \***  [+ What is](#)

**Number of Needy Individual Encounters:**  [+ More info](#)

If you treated patients in other states, select the state and enter the appropriate number of encounters.

**Other State's Medicaid Encounters** [+ Show All](#)

☰ [Clear](#)

If you treated patients in other states, select the state and enter the appropriate number of encounters.

[Add additional states](#)

**Total Number of Encounters for this Service Location (including Medicaid Encounters): \***

Select states from other clinics or from other states

[Add additional clinics](#)

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

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

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

# MEANINGFUL USE

## Oklahoma EHR Incentive Program - Meaningful Use Measures

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

### Objective 1 of 10

- Objective:** **Protect electronic health information** created or maintained by the CEHRT through the implementation of appropriate technical capabilities.
- Measure:** Conduct or review a security risk analysis in accordance with the requirements in 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of ePHI created or maintained by CEHRT in accordance with requirements in 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), and implement security updates as necessary and correct identified security deficiencies as part of the EP's risk management process.
- Exclusion:** None

Make changes to your information.

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

Required fields are marked \*

Have you conducted or reviewed a security risk analysis in accordance with the requirements in 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of ePHI created or maintained by CEHRT in accordance with requirements in 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), and implement security updates as necessary and correct identified security deficiencies as part of the EP's risk management process? \*

- Yes  
 No

**Date of the security risk analysis \***  


**Name of the person or vendor who completed the security analysis \***

Certain measures require a date and data entry field

# MEANINGFUL USE – CONT'D

[My Provider Profile](#) > [EHR Incentive Program](#) > **Meaningful Use Measures**

## Oklahoma EHR Incentive Program - Meaningful Use Measures

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

**Objective 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:** **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:** More than 5 percent of unique patients seen by the EP during the EHR reporting period (or his or her authorized representatives) view, download or transmit to a third party their health information during the EHR reporting period.

**Exclusion:**

**Exclusion (for Measure 1):** Any EP who neither orders nor creates any of the information listed for inclusion as part of the measures except for "Patient Name" and "Provider's name and office contact information".

**Exclusion 1 (for Measure 2):** Any EP who neither orders nor creates any of the information listed for inclusion as part of the measures except for "Patient Name" and "Provider's name and office contact information"; **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.

**Attestation Type**  
MU Stage 2, EP, 90  
01/01/2017 - 03/31/2017

**I want**

- [Review answers](#)

**Quick**

- [Oklahoma EHR Incentive Program](#)
- [Certification](#)
- [2017 EP Modified Stage 2 Specification Sheets](#)
- [2017 EH Modified Stage 2 Specification Sheets](#)
- [2017 EP Stage 3 Specification Sheets](#)
- [2017 EH Stage 3 Specification Sheets](#)
- [Security Risk Analysis](#)
- [FCC Broadband](#)

Update Measure 2, no longer 1 patient

# CLINICAL QUALITY MEASURES

[My Provider Profile](#) > [EHR Incentive Program](#) > [Clinical Quality Measures](#)

## 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 Strategy 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](#)


### Quick Links

- [Oklahoma EHR Incentive Program](#)
- [Certified HIT Product List](#)
- [CMS EHR Stage 1](#)
- [CMS EHR Stage 2](#)
- [Security Risk Analysis](#)
- [FCC Broadband](#)

# CLINICAL QUALITY MEASURE CONT'D

[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		
NQF / CMS	Title	Select
TBD / 56.2	Functional Status Assessment for Hip Replacement <a href="#">Show Description</a>	<input type="checkbox"/>
TBD / 66.2	Functional Status Assessment for Knee Replacement <a href="#">Show Description</a>	<input type="checkbox"/>
TBD / 90.3	Functional Status Assessment for Complex Chronic Conditions <a href="#">Show Description</a>	<input checked="" type="checkbox"/>
0384 / 157.2	Oncology: Medical and Radiation - Pain Intensity Quantified	<input type="checkbox"/>

- [Security Risk Analysis](#)
- [FCC Broadband](#)



## 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

### 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](#) 

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 ▶

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

## 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		<a href="#">Hide All Sections</a>
Section	Status	
<a href="#">Attestation Contact</a>	Complete	
<b>Contact Name:</b>	TEST PROVIDER	
<b>Contact Phone:</b>	(123)456-7890	
<b>Contact Email:</b>	testprovider@email.com	
<b>Health Information Exchange:</b>	No HIE	<a href="#">Change Contact Information</a>
<a href="#">Attestation Type</a>	Complete	
<b>Attestation Type:</b>	2014 Meaningful Use Stage 1, 90 days - EP	
<b>Date Range:</b>	06/01/2014 - 08/29/2014	<a href="#">Change Attestation Type</a>
<a href="#">EHR Certified System</a>	Complete	
<b>EHR Certification Number:</b>	A014E0102UUGEAV	
<b>Vendor:</b>	QUATRIS HEALTH	
<b>Product Name:</b>	CENTRICITY PRACTICE SOLUTION	
<b>Version Number:</b>	12	<a href="#">Change EHR Certified System Information</a>

### Provider Agreement

- [OK EHR INCENTIVE AMENDMENT EP](#)

### Documents to Fax

- [Vendor letter on vendor](#)

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

- [CMS EHR Stage 1](#)
- [CMS EHR Stage 2](#)
- [Security Risk Analysis](#)


Meaningful Use Core Measures

Complete


Measure Information	Your Information
<p><input checked="" type="checkbox"/> <b>Objective:</b> 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.</p> <p><b>Measure:</b> 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.</p> <p><b>Exclusion:</b> 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.</p>	<p><a href="#">change answer</a></p> <p><b>Exclusion:</b> No</p> <p><b>Numerator:</b> 372</p> <p><b>Denominator:</b> 604</p> <p>61.58%</p>
<p><input checked="" type="checkbox"/> <b>Objective:</b> Implement drug-drug and drug-allergy interaction checks.</p> <p><b>Measure:</b> The EP has enabled this functionality for the entire EHR reporting period.</p>	<p><a href="#">change answer</a></p> <p>No</p>
<p><input checked="" type="checkbox"/> <b>Objective:</b> Maintain an up-to-date problem list of current and active diagnoses.</p> <p><b>Measure:</b> 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.</p>	<p><a href="#">change answer</a></p> <p><b>Numerator:</b> 740</p> <p><b>Denominator:</b> 756</p> <p>97.88%</p>
<p><input checked="" type="checkbox"/> <b>Objective:</b> Generate and transmit permissible prescriptions electronically (eRx).</p>	<p><a href="#">change answer</a></p>

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.

## 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](#). 
- Read the [42 CFR 495.40](#). 
- 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.

- I acknowledge and attest to the statements under 42 CFR 495.40
- 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

◀ PREVIOUS

SUBMIT

### Quick Links

- [Oklahoma EHR Incentive Program](#) 
- [Certified HIT Product List](#) 
- [2017 EP Modified Stage 2 Specification Sheets](#) 
- [2017 EH Modified Stage 2 Specification Sheets](#) 
- [2017 EP Stage 3 Specification Sheets](#) 
- [2017 EH Stage 3 Specification Sheets](#) 

Review the links above and Select the corresponding check boxes. Provider Signature page is no longer required.

## 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:

Financial obligation of a  
name, Soonercare  
nosis  
measures or any other  
shown above after OHCA  
am 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.

## 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 CE [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

<input type="text"/>	Browse...
<input type="text"/>	Browse...
<input type="text"/>	Browse...
<input type="text"/>	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

### Quick Links

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.

# 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.**

# 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



# 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.**

# PROGRAM REMINDERS

- 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.

# PROGRAM REMINDERS 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.

# RESOURCES

- Oklahoma EHR Incentive Program Team:
  - 405-522-7347
  - [okehrincentive@okhca.org](mailto:okehrincentive@okhca.org)
  - [www.okhca.org/ehr-incentive](http://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

# RESOURCES CONT'D

- Helpful information on the web:
- [www.cms.gov/EHRIncentivePrograms](http://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