

Oklahoma EHR Incentive Program Attestation and Payment Process

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Registration File Received

States receive registrations in a daily batch file from CMS.

Oklahoma picks up the daily batch file from an electronic mailbox and files the registrations in our Medicaid Management Information System (MMIS).

Once the registration is in our MMIS system, the provider will be able to successfully attest for the EHR Incentive Program.

Checklist for Oklahoma Eligible Professionals

- CMS Registration Number
- EHR Certification Number
- Current contract with the State Medicaid Agency, for at least 90 days
- Login/ Password for the individual provider, for the State secure site
- Number of jobs created
- Legal or financial document showing a linkage between the provider or clinic and the *certified* version of the EHR software
- Patient Volume Numbers for a 90-day period in the preceding calendar year

EHR Incentive Amendment is Available in the Oklahoma Electronic Provider Enrollment System

The screenshot shows the 'Provider Application' window for the Oklahoma Health Care Authority. The header includes the authority's logo and a 'Welcome' message. The main title is 'SoonerCare Provider Enrollment', dated January 10, 2011. A navigation bar contains links for 'My Profile Home', 'Personal & Professional', 'Practice', 'Address & Contacts', and 'Financial'. A yellow notification box states: 'You are eligible to participate in the Oklahoma EHR Incentive Program. If you have registered on the CMS site, you may now complete your attestation. Select the 'Amend my Provider Agreement to receive EHR Incentives' link when you are ready to start.' Below this is a table with provider details:

| Primary Specialty | Contract | Dates | Signee |
|---------------------|------------------|----------------------|---------------|
| Family Practitioner | Medicaid Program | 6/1/2004 - 9/30/2012 | not available |

Below the table, a section titled 'I want to change my...' contains three columns of links:

- Payment & Tax Reporting**
 - [Banking information](#)
 - [Tax Reporting Name and ID](#)
- Office Information**
 - [Office hours](#)
 - [Covering providers](#)
 - [Languages spoken by staff](#)
- I want to:**
 - [Amend my Provider Agreement to receive EHR Incentives](#)
 - [Enroll in a Managed Care Program](#)
 - [Add new program](#)
 - [View my General Agreement](#)
 - [View my Physician Special Provisions](#)

Red boxes and blue arrows highlight the 'Amend my Provider Agreement to receive EHR Incentives' link in both the notification box and the 'I want to:' section.

Oklahoma Providers Do Not Need to Register for the Oklahoma EHR Incentive Program

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SoonerCare Provider Enrollment

Today is January 10, 2011

[My Provider Profile](#) > **Oklahoma EHR Incentive Program**

Oklahoma Electronic Health Record Incentive Program

Are you ready to attest now?

Are you ready to attest to meeting the requirements of the Oklahoma EHR Incentive Program today, and able to provide supporting documentation for verification purposes?

Steps to follow

1. Answer a few questions about your EHR system.
2. Complete a worksheet documenting your [patient volume](#) and fax it to OHCA.
3. Electronically sign your amendment and fax copies of all requested documentation to OHCA.

Before you start:

It may be helpful to have the information listed below *before* you begin answering the questions. You will not be able to save your information and return later.

Provider Agreement Amendment

- [OK EHR INCENTIVE AMENDMENT EP](#) 

Documents to Fax

- [Patient Volume worksheet](#) 
- Proof of Adopting/ Implementing/ Upgrading a certified EHR system
- Proof of certification for board-certified pediatricians attesting to between 20% and 29% patient volume

CMS Registration Number is the Key to Begin the Attestation Process

It may be helpful to have the information listed below *before* you begin answering the questions. You will not be able to save your information and return later.

- Information about your ONC-ATCB Certified EHR system including EHR certification number, vendor, product name, and version
- The number of full-time equivalent jobs created by implementing electronic health records

Getting Started:

Please keep in mind that all questions pertain to the provider who will be attesting to the EHR system usage.

Enter your CMS Registration number. This is the number you received when you registered with the CMS National Level Registry.

CMS Registration Number: *

GO



Eligible Professional's NPI and Payee NPI/TIN are Verified to be a Valid Relationship Before Proceeding

Enter your CMS Registration number. This is the number you received when you registered with the CMS National Level Registry.

CMS Registration Number: *

1000100012

GO

Your CMS Registration indicates that you have assigned your payment to:

TIN:

Name: JAY FAMILY MEDICINE CLINIC

If you agree with assigning your Oklahoma EHR incentive payment to this Taxpayer ID Number, select 'Continue'. If this is not what you intended, please 'Exit' now, change your payee information in the CMS system, and come back after 2 business days.

If you have any questions regarding this application, please contact the OHCA Provider Contracting Unit at either:

- (800) 522-0114, option 5
- (405) 522-6205, option 5

CONTINUE

EXIT

Certified EHR Information Required

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SoonerCare Provider Enrollment

Today is January 10, 2011

[My Provider Profile](#) > [Oklahoma EHR Incentive Program](#) > **EHR System**

Oklahoma EHR Incentive Program - EHR System

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

Please answer the following questions about the EHR system you are, or plan on, using, and the number of jobs created by using an EHR system.

When you have finished, select "Next" to continue.

Quick Links

- [Oklahoma EHR Program](#)

Required fields are marked with an asterisk (*).

EHR System

Are you using or implementing an ONC-ATCB Certified EHR system that is listed in the Certified HIT Products List on the ONC website? Enter the EHR system information.

| | | |
|----------------------------------|---|----------------------|
| EHR Certification Number: | * | <input type="text"/> |
| Vendor: | * | <input type="text"/> |
| Product Name: | * | <input type="text"/> |
| Version Number: | * | <input type="text"/> |

Number of Jobs Created

Job Creation

Under the American Recovery & Reinvestment Act (ARRA) of 2009 regulations, we must report any jobs created using ARRA stimulus funds. The Oklahoma EHR Incentive Program uses ARRA stimulus funds.

Enter the number of full time equivalent jobs created by implementing electronic health records. If you belong to a group, be sure these jobs are entered by only one provider in the group, to avoid over-reporting.

Number of jobs created: *

Use decimals to represent half-time equivalents, for example
0.25, 1.5

◀ PREVIOUS

NEXT ▶

Review the EHR Incentive Amendment



The screenshot shows the Oklahoma Health Care Authority (OHCA) website interface. At the top, there is a header with the OHCA logo and name, a 'Welcome' message, and a row of small photos of diverse people. Navigation links for 'Contact Us' and 'Log Off' are in the top right. The main heading is 'SoonerCare Provider Enrollment', with the date 'Today is January 10, 2011' on the right. Below this is a breadcrumb trail: 'My Provider Profile > Oklahoma EHR Incentive Program > Review and Submit'. The section title is 'Oklahoma EHR Incentive Program - Review and Submit'. A red circle with a slash icon indicates a warning: 'Use the Previous button at the bottom of the page in place of the browser back button.' The text explains that users should review and modify answers as necessary using the 'Previous' button and use the browser print function for each screen. It then asks when users are ready to attest and provides two bullet points: 'Read the amendment below.' and 'Sign the amendment by typing your name in the box provided, then click the "Submit" button.' On the right, a 'Quick Links' box contains a link to 'Oklahoma EHR Program'. The main content area displays a preview of the 'OK EHR INCENTIVE AMENDMENT EP' document, which is an amendment to the SoonerCare Provider Agreement for the Oklahoma Electronic Health Record Incentive Program. The document text states: 'OHCA AND PROVIDER AGREE TO AMEND PROVIDER'S SOONERCARE PROVIDER AGREEMENT FOR THE PURPOSE OF MAKING AN INCENTIVE PAYMENT TO PROVIDER UNDER THE OKLAHOMA PROGRAM.' Below this, it says '1. PROVIDER ATTESTS THAT:' followed by a text input field. At the bottom of the preview, there is a link to 'Print OK EHR INCENTIVE AMENDMENT EP'.

oklahoma health care authority

Welcome

Contact Us | Log Off

SoonerCare Provider Enrollment

Today is January 10, 2011

[My Provider Profile](#) > [Oklahoma EHR Incentive Program](#) > **Review and Submit**

Oklahoma EHR Incentive Program - Review and Submit

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

Please review and modify your answers as necessary by navigating using the "Previous" button at the bottom of the screen. If you wish to print your answers, use the browser print function for each screen.

When you are ready to attest:

- Read the amendment below.
- Sign the amendment by typing your name in the box provided, then click the **"Submit"** button.

Quick Links

- [Oklahoma EHR Program](#)

OK EHR INCENTIVE AMENDMENT EP

AMENDMENT TO SOONERCARE PROVIDER AGREEMENT FOR
OKLAHOMA ELECTRONIC HEALTH RECORD INCENTIVE
PROGRAM

OHCA AND PROVIDER AGREE TO AMEND PROVIDER'S
SOONERCARE PROVIDER AGREEMENT FOR THE PURPOSE OF
MAKING AN INCENTIVE PAYMENT TO PROVIDER UNDER THE
OKLAHOMA PROGRAM.

1. PROVIDER ATTESTS THAT:

[Print OK EHR INCENTIVE AMENDMENT EP](#)

Oklahoma Eligible Professional EHR Incentives Amendment for 2011 (pre- Meaningful Use)

AMENDMENT TO SOONERCARE PROVIDER AGREEMENT FOR ELIGIBLE PROFESSIONAL OKLAHOMA ELECTRONIC HEALTH RECORD INCENTIVE PROGRAM

OHCA AND PROVIDER AGREE TO AMEND PROVIDER'S SOONERCARE PROVIDER AGREEMENT FOR THE PURPOSE OF MAKING AN INCENTIVE PAYMENT TO PROVIDER UNDER THE OKLAHOMA PROGRAM.

1. PROVIDER ATTESTS THAT:

- A) HE/SHE IS AN ELIGIBLE PROFESSIONAL AS DEFINED AT OAC 317:30-3-28 (B) (1);
- B) HE/SHE IS NOT APPLYING FOR OR RECEIVING A PAYMENT FROM ANY OTHER STATE'S PROGRAM UNDER THE FEDERAL RULE OR FROM MEDICARE FOR THE CURRENT OKLAHOMA PROGRAM PARTICIPATION YEAR;
- C) HE/SHE IS NOT APPLYING FOR OR RECEIVING AN INCENTIVE PAYMENT UNDER ANY OTHER SOONERCARE PROVIDER IDENTIFICATION NUMBER;
- D) HE/SHE HAS ADOPTED, IMPLEMENTED OR UPGRADED A CERTIFIED EHR SYSTEM;
- E) HE/SHE MEETS PATIENT VOLUME REQUIREMENTS AT OAC 317:30-3-28 (C);
- F) IF PROVIDER IS ATTESTING TO 20-29% MEDICAID PATIENT VOLUME, HE/SHE IS A PEDIATRICIAN AS DEFINED AT OAC 317:30-3-28 (C) (5);
- G) ALL PROVIDER INFORMATION AND SUPPORTING DOCUMENTATION SUBMITTED WITH THIS AMENDMENT IS COMPLETE AND CORRECT.

2. DEFINITIONS (removed from this slide)

3. PAYMENT

IF THIS AMENDMENT IS ACCEPTED, OHCA SHALL PAY PROVIDER AN INCENTIVE PAYMENT ACCORDING TO OAC 317:30-3-28 (G) AND THE FEDERAL RULE. PAYMENT SHALL BE MADE WITHIN 30 DAYS OF OHCA ACCEPTANCE OF THIS AMENDMENT.

4. TERM

THIS AMENDMENT IS EFFECTIVE UPON COMPLETION WHEN: (1) IT IS EXECUTED BY PROVIDER; (2) ALL NECESSARY DOCUMENTATION HAS BEEN RECEIVED AND VERIFIED BY OHCA; AND (3) IT HAS BEEN ACCEPTED BY OHCA. OHCA ACCEPTANCE IS COMPLETE ONLY ON WRITTEN NOTIFICATION BY MAIL OR ELECTRONIC MAIL. THIS AMENDMENT SHALL EXPIRE ON DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT WAS ACCEPTED. NO OTHER TERMS OR PROVISIONS OF THE AGREEMENT ARE CHANGED OR AFFECTED.

Certification and Electronic 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.

▼ [Who can execute this contract using an electronic signature?](#)

Check the box below and enter your name. This box may be checked by a person from PROVIDER's staff who is not PROVIDER.

☒ 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.

Select your relationship to PROVIDER and enter your name in the space provided.

My relationship to PROVIDER is that of: *


- ☐ PROVIDER
- ☒ Member of PROVIDER's staff or an agent of PROVIDER

Name * (Enter full legal name here)

◀ PREVIOUS

SUBMIT

Acknowledgement and Tracking Number

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Welcome [REDACTED]

Contact Us | Log Off

SoonerCare Provider Enrollment

Today is January 10, 2011

Oklahoma EHR Incentive Program - Acknowledgement

Your attestation is not complete until you fax the supporting documentation to OHCA. Please print your fax cover sheet before leaving this page.

Your amendment was received on: 1/10/2011 10:02 AM
Your Tracking Number is: 67381



Provider: [REDACTED]
Provider ID: [REDACTED]
Provider NPI: [REDACTED]
Designated Payment Provider Name: JAY FAMILY MEDICINE CLINIC
Designated Payment Provider TIN: [REDACTED]
Year and Type Attestation: Year 1 - Adopt/Implement/Upgrade

Address Information
Oklahoma Health Care Authority
Attention: Provider Contracting Unit
P.O.Box 54015
Oklahoma City, OK 73154
Phone:
(405) 522-6205, option 5
Toll Free:
(800) 522-0114, option 5
Fax:
(405) 601-9797
Toll Free Fax:
(877) 601-9797

What Happens Next?

What happens next?

Before payment can be made, you must submit supporting document to OHCA. Please fax a copy of the following documents to OHCA. Be sure to use your [personal fax cover sheet](#) when submitting the documents - it contains your Tracking Number which ties your documents to your attestation.

- [Patient Volume worksheet](#) 
- Proof of certification for board-certified pediatricians attesting to between 20% and 29% patient volume
- Proof of Adopting/ Implementing/ Upgrading a certified EHR system  [What is acceptable proof?](#)

When will I receive my payment?




Payments will be made electronically to the Designated Payment Provider ID shown above after OHCA has received and accepted all of the documentation listed above.

If you need further assistance, please contact the OHCA Provider Contracting Unit.


What do you want to do now?

- [Return to my Provider Profile page](#)
- [Return to the OHCA Provider Main page](#)
- [Log off](#)

I want to:

- [Print fax cover sheet](#) 
- [Print Patient Volume worksheet](#) 
- [Print copy of this screen](#) 

Oklahoma Patient Volume Form Header

| | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| EHR- 01 | Patient Volume Documentation Form Oklahoma EHR Incentive Program | OHCA Revised 1-5-11 |
| <p>NPI: _____ (Must be the Individual EP or EH NPI used for registration)</p> <p>90 Day Period Began: ____/____/____ 90 Day Period Ended: ____/____/____ (The 90 day period specified must be in the preceding <u>calendar year</u> for EPs or in the preceding <u>federal fiscal year</u> for EHs.)</p> <p>Provider Name: _____</p> <p>I am reporting as a(n):</p> <p>____ Professional (Physician – MD, DO; Dentist; Pediatrician; Certified Nurse Midwife; Nurse Practitioner)</p> <p>____ Professional practicing predominately in a: ____ Federally Qualified Health Center (FQHC) OR ____ Rural Health Clinic (RHC).</p> <p>____ Physician Assistant practicing at a FQHC or RHC so led by a Physician Assistant.</p> <p>____ Hospital (Acute Care, Critical Access, Cancer Hospitals; Children's Hospitals <u>do not</u> need to provide patient volume info.)</p> | |  <p>oklahoma health care authority</p> |

Oklahoma Needy Patient Encounter Definition

Definition of a Needy Patient Encounter

- Services rendered to an individual on any 1 day where:
 - (1) SoonerCare or another state's Medicaid plan paid for part or all of the service, or
 - (2) SoonerCare or another state's Medicaid plan paid for all or part of the individual's premiums, co-payments, and/or cost sharing,OR
- Services were furnished at no cost or were paid for at a reduced cost based on a sliding scale determined by the individual's ability to pay.

* SoonerCare includes: SoonerCare Choice, SoonerCare Traditional, CHIP, Home and Community Based Waivers, Insure Oklahoma Employer Sponsored Insurance and Individual Plan.

Clinic Patient Volume Data

Provider Practices with SoonerCare Group / Hospital Contracts

Group practices will be permitted to calculate patient volume at the group practice/clinic level in accordance with the following limitations:

- The group practice's patient volume is appropriate as a patient volume methodology calculation for the EP.
- Providers shall have been contracted with SoonerCare in the preceding: calendar year for EPs; federal fiscal year for EHs.
- There is an auditable data source to support the group practice's patient volume determination.
- All EPs in the group practice must use the same methodology for the payment year.
- The group practice uses the entire practice's patient volume and does not limit patient volume in any way.
- If an EP works inside and outside of the group, then the patient volume calculation includes only those encounters associated with the group practice, and not the EP's outside encounters.

Service Location NPI: 1234567890

A. Number of SoonerCare or other state's Medicaid patient encounters at the clinic: Encounters: / / /
State: / / /

B. Number of Needy patients encounters at the clinic: Encounters: / 1251 / /
(FQHC and RHC only) State: / OK / /

C. Total patient encounters at the clinic: 2596

Additional Documentation Required

- Proof of Adopt/Implement/Upgrade
i.e. a contract, license agreement, invoice or other supporting documentation linking the individual provider or the clinic to the certified version of the EHR software.

Verification Process

- OHCA checks patient volume data for reasonableness against our paid visit/ encounter claims data.
- OHCA verifies the supporting documentation for A/I/U.
- For now, we are contacting providers directly if something is missing or we need any clarification.
- If all is in order, the Provider Contracting Unit will approve the attestation.

After the Attestation is Approved

- OHCA sends a transaction to CMS showing that the provider is eligible for the EHR Incentive Program.
- OHCA sends a transaction to CMS to find out if the provider has previously been paid or not.
- If the provider has not yet been paid for this participation year, CMS locks the provider's record to Oklahoma for payment and sends a transaction to Oklahoma to this effect.

Payment Process

When Oklahoma receives the transaction indicating the provider has not yet received his/her EHR Incentive Payment this year, an “inactivated” expenditure is automatically added to the OK MMIS system.

OHCA Finance reviews the inactivated expenditures weekly. Information on the expenditure is verified for reporting and payment purposes. Then the expenditure is activated.

Payment Process

“Activated” expenditures are included in the estimated payment portion of our weekly claims payment cycle.

Each week, OHCA draws down money into the agency’s account in preparation for the next week’s payments. EHR Incentive Payments are included in this process.

Providers (or their designated payees) receive their EHR Incentive Payments approximately 1 – 2 weeks after the attestation has been approved.

Payment Process

- After payment has been made, a transaction is sent to CMS indicating the individual provider who has received the payment, whether it was for A/I/U or Meaningful Use, and the date and amount of the payment.
- EHR Incentive Payments are listed on the weekly Remittance Advice under the heading, “Non-Claim Specific Payouts to Providers”. A special Reason Code is used to indicate that it is an EHR Incentive Payment, and the “Rendering Provider” indicates the provider for whom the payment was made.

What Happens Next Year?

- If anything needs to be changed in the CMS Registration system, the provider needs to update it there, and the update will be sent to the State.
- Oklahoma providers will be able to attest again next year for their second participation year by going through a similar process as identified today. Meaningful Use will be included as part of the attestation.

Questions?

Contact Information:

Melanie Lawrence
Oklahoma Health Care Authority

<http://www.okhca.org/ehr-incentive>

Melanie.Lawrence@okhca.org
(405) 416-1736

