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.

- 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

<table>
<thead>
<tr>
<th>Participation Year</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016*</th>
</tr>
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<tbody>
<tr>
<td>2011</td>
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<td>$8,500</td>
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<td>$8,500</td>
<td>$8,500</td>
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<td>$8,500</td>
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<tr>
<td>Total</td>
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<td>$63,750</td>
<td>$63,750</td>
<td>$63,750</td>
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</tbody>
</table>
**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.

<table>
<thead>
<tr>
<th>First year as a meaningful EHR user</th>
<th>Stage of Meaningful Use</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2015</td>
</tr>
<tr>
<td>---</td>
<td>------</td>
</tr>
<tr>
<td>2011</td>
<td>Modified Stage 2</td>
</tr>
<tr>
<td>2012</td>
<td>Modified Stage 2</td>
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<tr>
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<td>Modified Stage 2</td>
</tr>
<tr>
<td>2014</td>
<td>Modified Stage 2*</td>
</tr>
<tr>
<td>2015</td>
<td>Modified Stage 2*</td>
</tr>
<tr>
<td>2016</td>
<td>N/A</td>
</tr>
</tbody>
</table>

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*

<table>
<thead>
<tr>
<th>Eligible Professional Objectives and Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) <strong>Protect electronic protected health information (ePHI)</strong> created or maintained by the CEHRT through the implementation of appropriate technical capabilities.</td>
</tr>
<tr>
<td>(2) Use <strong>clinical decision support</strong> to improve performance on high-priority health conditions.</td>
</tr>
<tr>
<td>(3) Use <strong>computerized provider order entry (CPOE)</strong> 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.</td>
</tr>
<tr>
<td>(4) Generate and transmit permissible discharge prescriptions electronically (<strong>eRx</strong>).</td>
</tr>
<tr>
<td>(5) <strong>Health Information Exchange</strong> – 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.</td>
</tr>
<tr>
<td>(6) Use clinically relevant information from CEHRT to identify <strong>patient-specific education</strong> resources and provide those resources to the patient.</td>
</tr>
<tr>
<td>(7) The EP who receives a patient from another setting of care or provider of care or believes an encounter is relevant performs <strong>medication reconciliation</strong>.</td>
</tr>
<tr>
<td>(8) <strong>Patient Electronic Access</strong> – 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.</td>
</tr>
<tr>
<td>(9) Use <strong>secure electronic messaging</strong> to communicate with patients on relevant health information.</td>
</tr>
<tr>
<td>(10) <strong>Public Health Reporting</strong> – 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.</td>
</tr>
<tr>
<td>(1)</td>
</tr>
<tr>
<td>(2)</td>
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<tr>
<td>(3)</td>
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<td>(7)</td>
</tr>
<tr>
<td>(8)</td>
</tr>
<tr>
<td>(9)</td>
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</table>
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.
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 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.
<table>
<thead>
<tr>
<th>Objective</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Protect electronic protected health information (ePHI) created or maintained by the CEHRT through the implementation of appropriate technical, administrative, and physical safeguards.</td>
</tr>
<tr>
<td>2</td>
<td>Generate and transmit permissible prescriptions electronically (eRx).</td>
</tr>
<tr>
<td>3</td>
<td>Implement clinical decision support (CDS) interventions focused on improving performance on high-priority health conditions.</td>
</tr>
<tr>
<td>4</td>
<td>Use computerized provider order entry (CPOE) 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.</td>
</tr>
<tr>
<td>5</td>
<td>Patient Electronic Access - The EP provides patients (or patient-authorized representative) with timely electronic access to their health information and patient-specific education.</td>
</tr>
<tr>
<td>6</td>
<td>Coordination of Care - Use CEHRT to engage with patients or their authorized representatives about the patient’s care.</td>
</tr>
<tr>
<td>7</td>
<td>Health Information Exchange - 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.</td>
</tr>
<tr>
<td>8</td>
<td>Public Health Reporting - 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.</td>
</tr>
<tr>
<td>Objective</td>
<td>Description</td>
</tr>
<tr>
<td>-----------</td>
<td>-------------</td>
</tr>
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<td>(1)</td>
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</tr>
<tr>
<td>(5)</td>
<td>Patient Electronic Access - The eligible hospital or CAH provides patients (or patient authorized representative) with timely electronic access to their health information and patient-specific education.</td>
</tr>
<tr>
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</tr>
<tr>
<td>(8)</td>
<td>Public Health Reporting - 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.</td>
</tr>
</tbody>
</table>
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
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
Welcome Health Care Professional!

We are committed to making 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.
It’s time to participate in the Oklahoma EHR Incentive Program again. You may complete your attestation now.

<table>
<thead>
<tr>
<th>Primary Specialty</th>
<th>Contract</th>
<th>Dates</th>
<th>Signee</th>
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<tbody>
<tr>
<td>Obstetrician/Gynecologist</td>
<td>Medicaid Program</td>
<td>5/1/2012 - 9/30/2016</td>
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<tr>
<td>Ordering/Referring Provider</td>
<td>5/1/2012 - 9/30/2016</td>
<td>not available</td>
<td></td>
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</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Participation Year</th>
<th>Reporting Year</th>
<th>Attestation Type</th>
<th>Status View legend</th>
<th>Status Date</th>
<th>ATN</th>
<th>Active?</th>
<th>Actions</th>
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<td>View</td>
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</table>

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

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
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

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
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.

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.

Reporting Period Begin Date: * 01/01/2017

Reporting Period End Date: * 03/31/2017

Date range must be 90 days

This must be exactly 90 days!
This must match vendor letter.
Select patient volume period.

This must be 90 days or three months.

All providers within the same facility must use the same encounter type.
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 entered.
Certain measures require a date and data entry field.
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.

Update Measure 2, no longer 1 patient
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 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.
You may select one of the predefined sets of core CQMs or select your own below.
Some CQMs may have multiple sets of numerators and denominators. You must enter a zero if you have no entry.
Review the information you have entered throughout the attestation process. If any of the information is incorrect, select the “Change...” link for that section.
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.
Review the links above and Select the corresponding check boxes. Provider Signature page is no longer required.
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.
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.

<table>
<thead>
<tr>
<th>Practice name and contact</th>
<th>NAME</th>
<th>ADDRESS</th>
<th>PHONE</th>
<th>FAX</th>
<th>EMAIL</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Vendor name and contact</th>
<th>NAME</th>
<th>ADDRESS</th>
<th>PHONE</th>
<th>FAX</th>
<th>EMAIL</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Certified product name</th>
<th>Name of EHR System</th>
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</table>

<table>
<thead>
<tr>
<th>Certified product version</th>
<th>Version of EHR System</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>ONC Certification # (CHPL Product #)</th>
<th>Example Only: CC-1 1 12-956447-1</th>
</tr>
</thead>
</table>

| 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.
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
  - 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.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