Medicaid Promoting Interoperability Program

Audit Preparedness -

Stage 3 Required Documentation

Presented by: Jessica A. Loredo

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Learning Objectives

Learn what documentation is required to support meeting Stage 3.

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PATIENT VOLUME AND OTHER ELIGIBILITY

Medicaid Patient Volume Documentation Requirements

Submit a detailed encounter listing for the reported 90-day period in Excel containing the following fields:

- PATIENT NAME OR UNIQUE IDENTIFIER
- DATE OF SERVICE
- INSURANCE TYPE AT DATE OF SERVICE
- PROVIDER NAME
- INCLUDE QUERY PARAMETERS OF REPORT

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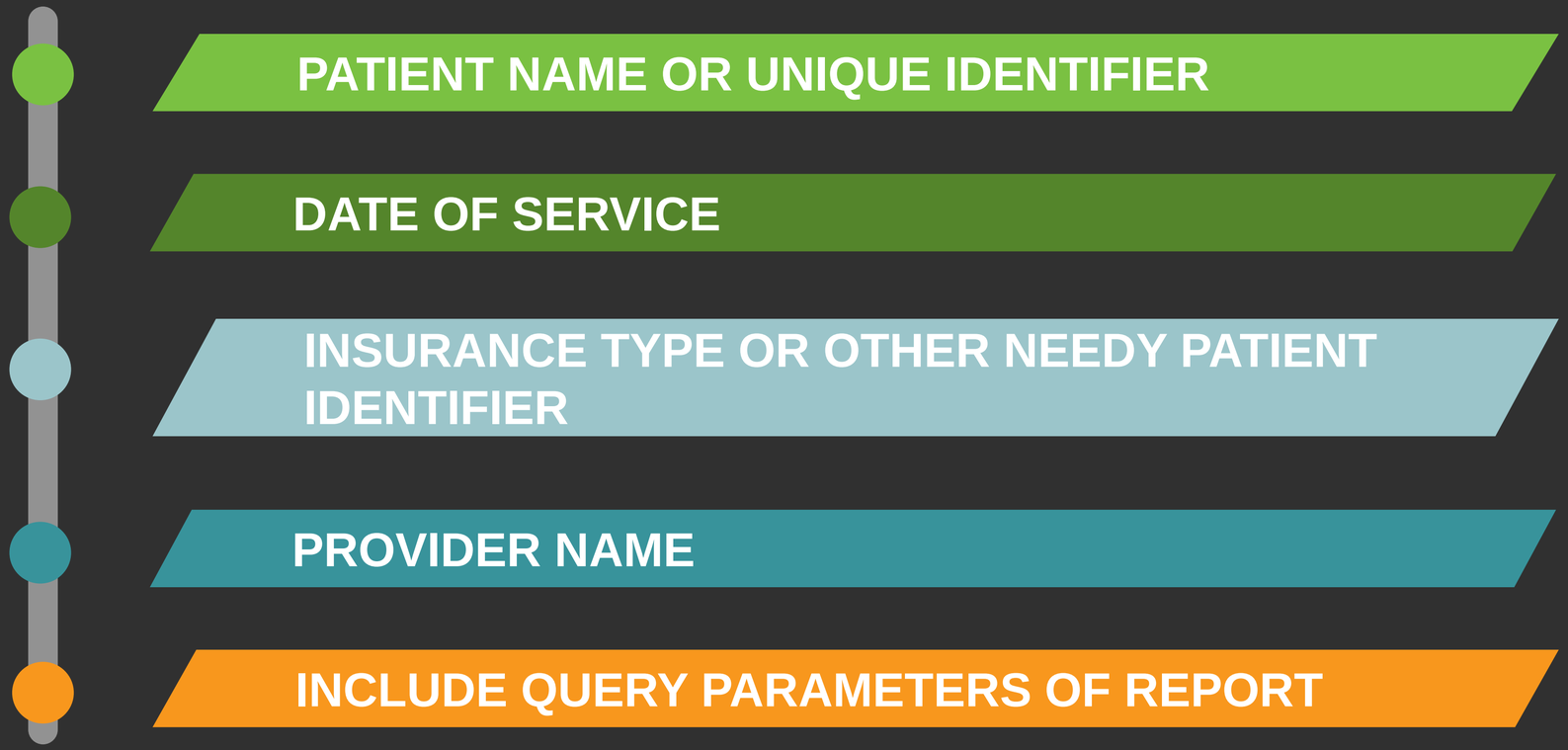
Needy Patient Volume Documentation Requirements

Submit a detailed encounter listing for the reported 90-day period in Excel containing the following fields:



*If a provider requires the inclusion of needy encounters in order to meet the minimum patient volume threshold, the provider will be asked to support they work at an FQHC/RHC and meet the Practice Predominantly definition. (See slide 10)

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Patient Volume Requirements

Individual Versus Group Proxy

When reporting patient volume, providers may choose to report individual patient volume or leverage the group's patient volume.

1

Individual Patient Volume

- Include encounters rendered or billed by provider applying for payment.
- EP may calculate across all practice sites, or select a particular site or sites to report from.

2

Group Patient Volume

- Providers may use the group's patient volume. In doing so, their patient volume must include all encounters from all providers in the group during the patient volume period.
- In Georgia, the group is defined by the tax identification number (TIN).
- In Georgia, providers must support they had a Medicaid encounter prior to the date of attestation.

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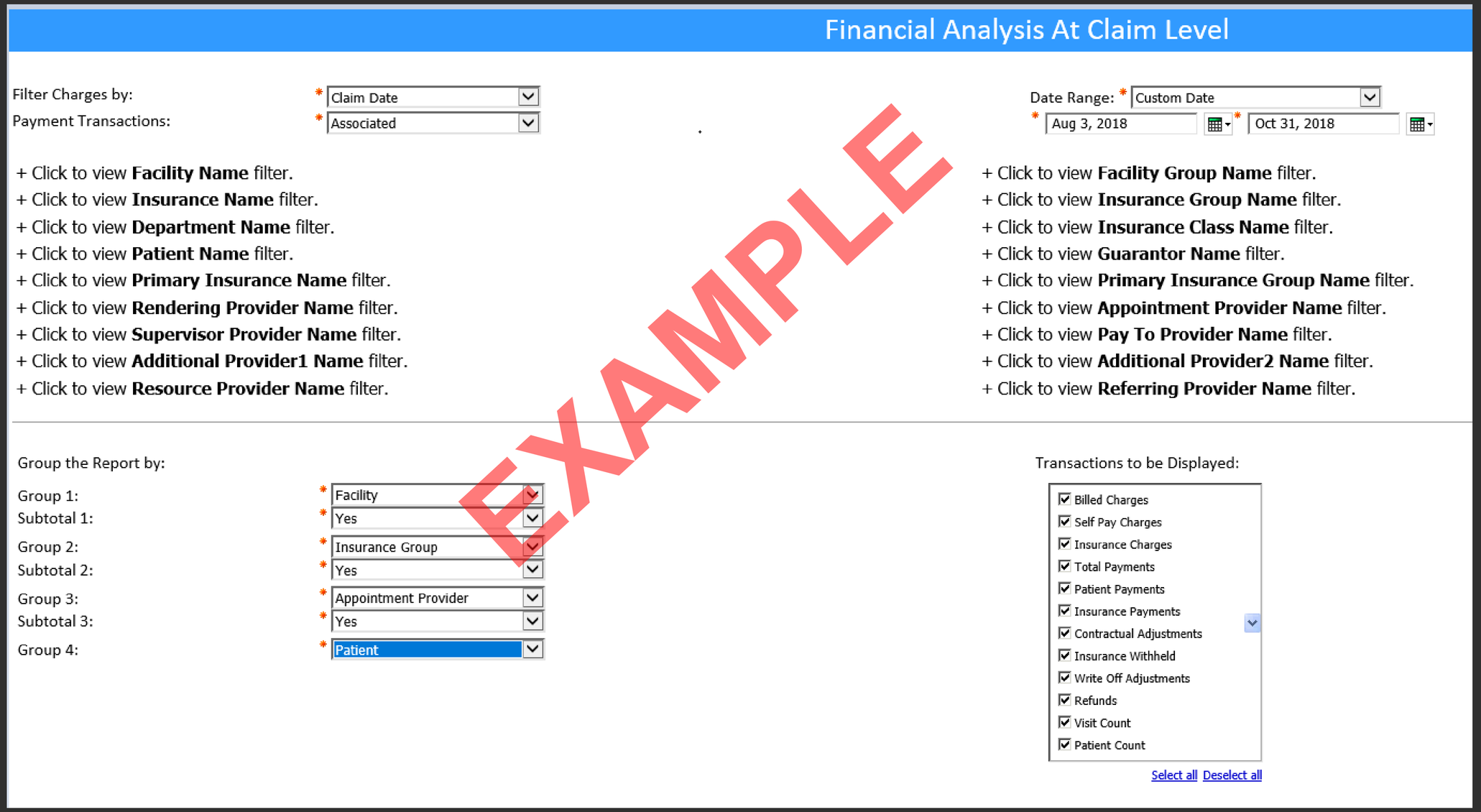
Group Proxy – Query Parameters Example



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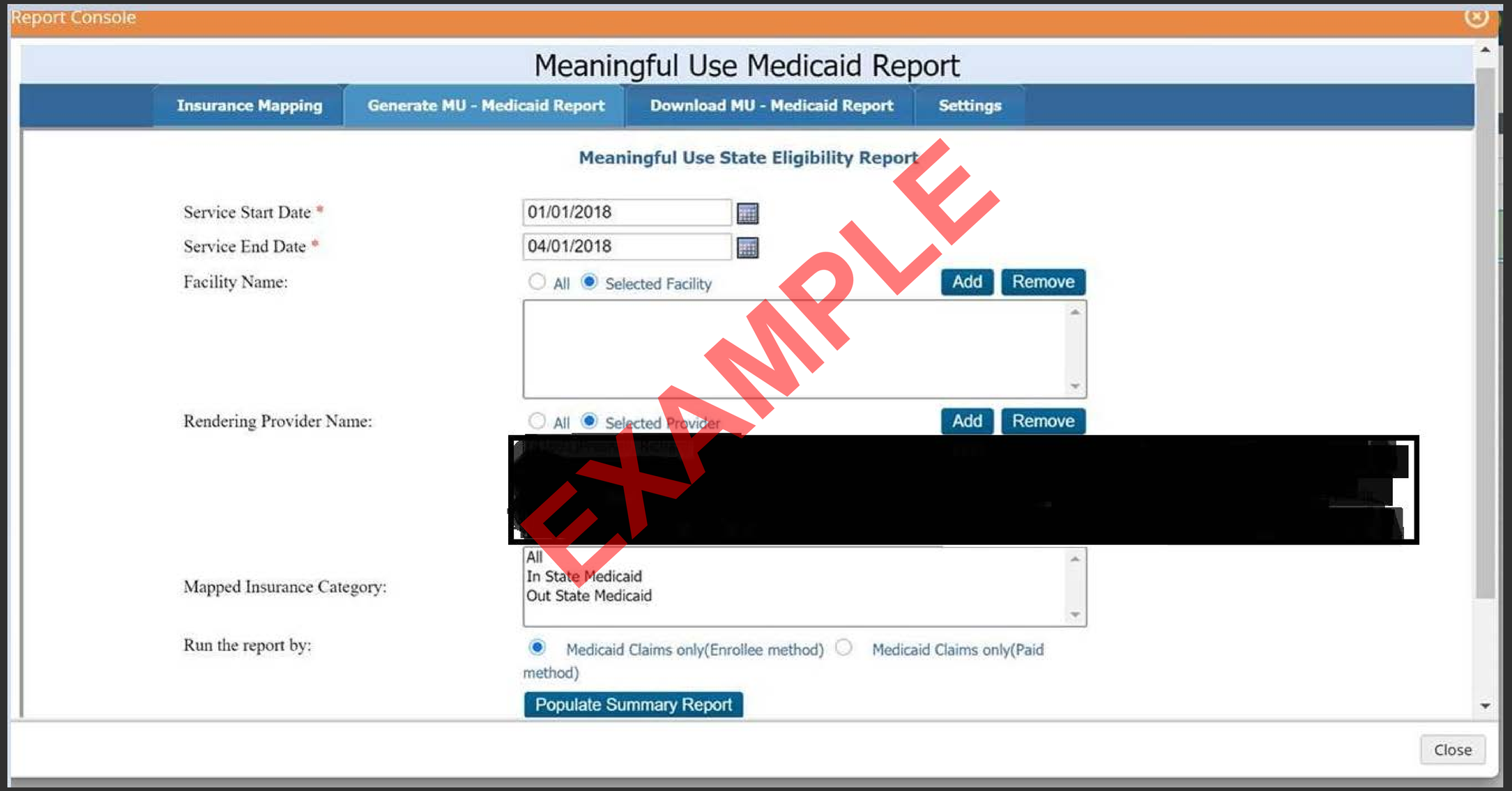
Group Proxy – Query Parameters Example



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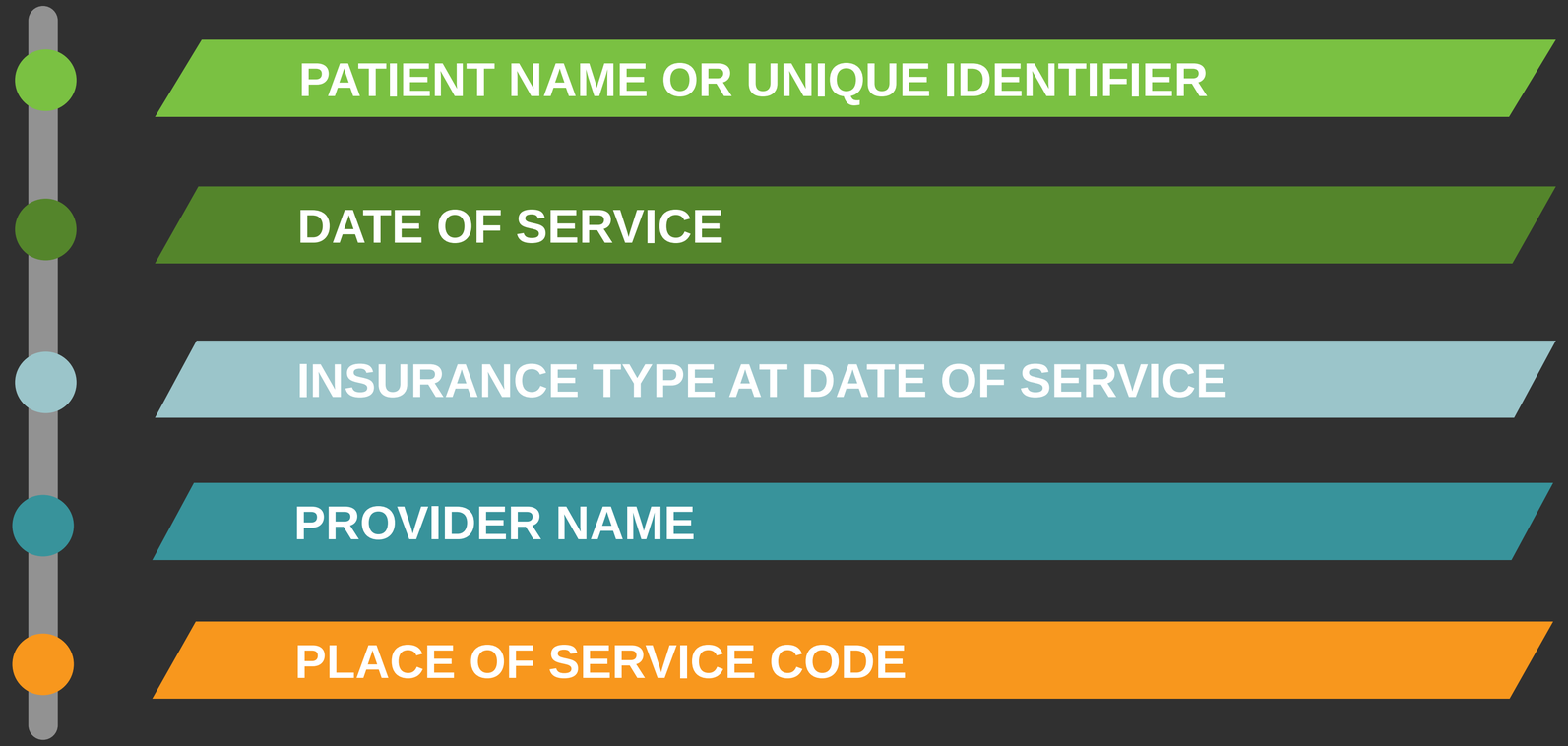
Hospital-Based Documentation Requirements

If requested, submit a detailed encounter listing for prior calendar year in Excel containing the following fields:



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Practice Predominantly Documentation

- **Practice Predominantly Definition**: A provider for whom the clinical location for over 50 percent of his or her total patient encounters over a period of 6 months in the most recent calendar year occurs at a federally qualified health center or rural health center.

- To determine the practice predominantly requirement was met, providers will be asked to fill out and return the practice predominantly questionnaire below.

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Payee Name:

PRACTICE IS AN FQHC/RHC?

Provider Name	Provider NPI	Date of Attestation/Payment	Hire Date	Termination Date (if applicable)	During the 6 months prior to attestation date, did the provider work at any other locations?	If so, was the other practice an FQHC/RHC?	If not, what percentage of their time/services were provided at each practice?

Date Completed:
Completed BY:

*Additional documentation may be requested based on the provider's responses.

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Physician Assistant Documentation Requirements

Participating physician assistants (PA) must practice at a PA-led FQHC/RHC.

A PA is leading a practice under any of the following circumstances:

- PA is the primary provider in a clinic (for example, when there is a part-time physician and full-time PA, the PA would be considered as the primary provider)
- PA is a clinical or medical director at a clinical site of practice OR
- PA is an owner of an RHC

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PA-led Documentation:
Physician Assistant is the Primary Provider in a Clinic

Visit Counts

Date Range: Oct 3, 2017 - Dec 31, 2017

		Yes, No
New Patients:	No	
Gender:	Female, Male, Unknown	Yes, No
Chart Locked:	Locked, Unlocked	Office Visits
Group 1	Group 2	Group 3
Group 4	Group 5	Group 6

Facility	Resource Provider	Primary Insurance	Visit Count	%
[redacted]	[redacted]	Ambetter	1	0%
		Amerigroup Georgia	1	0%
		Medicaid	3	0%
		Medicaid of Georgia	1	0%
			8	0%
		Medicare FQHC NGS	6	0%
		State Contracted Services	1	0%
			16	0%
		Wellcare	1	0%
			1	0%
			54	0%
[redacted]			93	1%

Aug 21, 2019 1 12:30:34 PM

Facility	# of Visits
[redacted]	5718
[redacted]	502
[redacted]	93
[redacted]	3148
[redacted]	2134
[redacted]	1077

EXAMPLE

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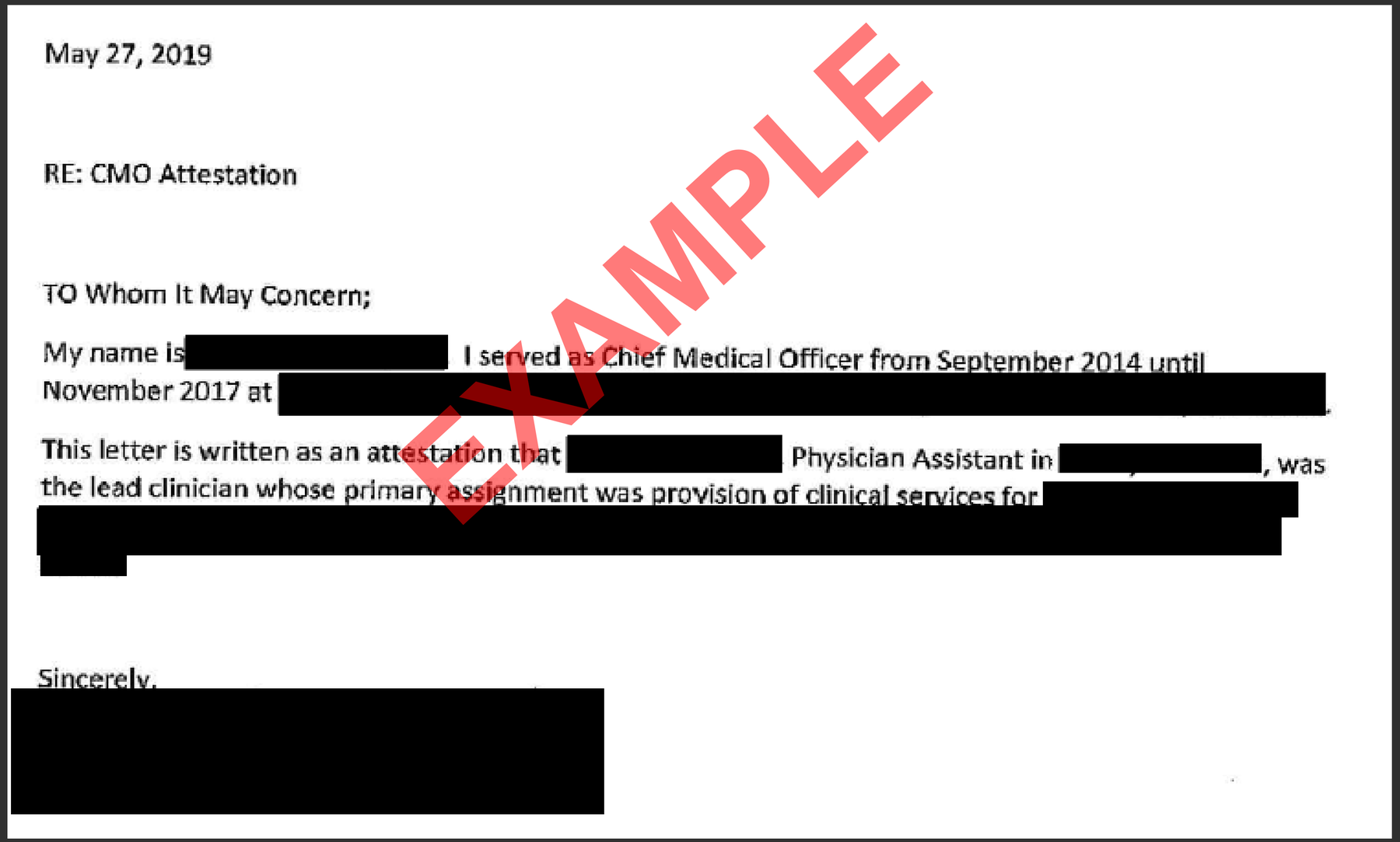
PA-led Documentation:
Physician Assistant is a clinical or medical director at a Clinical Site of Practice or owner of an FQHC/RHC.



May 27, 2019

RE: CMO Attestation

TO Whom It May Concern;

My name is [redacted] I served as Chief Medical Officer from September 2014 until November 2017 at [redacted].

This letter is written as an attestation that [redacted] Physician Assistant in [redacted], was the lead clinician whose primary assignment was provision of clinical services for [redacted]

Sincerely,

[redacted]

EXAMPLE

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MEANINGFUL USE

General Requirements

- Must maintain at least 80% of all unique patients' data at locations with CEHRT in the CEHRT.

- Must perform at least 50% of all encounters at locations with CEHRT.
  - EPs who practice in multiple locations must have 50% or more of their patient encounters during the PI (EHR) reporting period at a location(s) equipped with CEHRT.

*Documentation to confirm the general requirements were met may be requested when patient data is maintained outside of the CEHRT or the provider works at multiple locations.

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Stage 3 Objectives

#	Objective	Type of Measure
1	Protect Patient Health Information	Yes/No
2	Electronic Prescribing	Percentage-Based
3	Clinical Decision Support	Yes/No
4	Computerized Provider Order Entry	Percentage-Based
5	Patient Electronic Access	Percentage-Based
6	Coordination of Care	Percentage-Based
7	Health Information Exchange	Percentage-Based
8	Public Health Reporting	Yes/No

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Types of Documentation

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Standard Documentation

Percentage-Based Measures

- Unless otherwise specified, submit the CEHRT dashboard for all percentage-based measures. All measures must be calculated using a 2015 Edition CEHRT.
    - CEHRT dashboard* should:
        - Reflect the correct PI (EHR) reporting period;
        - Include the provider name;
        - Reflect all percentage-based measures; and
            - Numerators**
            - Denominators
            - Measures Percentages
        - Match the attestation***
- If attesting to an exclusion for a measure, the CEHRT dashboard may be utilized to support meeting the exclusion criteria for certain measures.
- If the exclusion is not supported by the CEHRT dashboard, additional documentation is required.

*In certain situations, a non-CEHRT generated report may be necessary. The use of non-CEHRT generated reports may be permitted upon DCH review and approval.
**If the EP used opt-out patients to meet the measure thresholds for objective 5, additional supporting documentation is required. Further detail regarding opt-out patients is discussed later in the presentation.
***If the EP practices at multiple locations with CEHRT, the EP should submit CEHRT dashboard reports for all locations and add the MU data together when attesting.

Percentage-Based Documentation Example

Objective Measures Summary

[redacted]
Reporting Period: 10/1/2019-12/29/2019
Medicaid Stage 3
EHR Direct

EXAMPLE

Objective 1

Measure Name	Status
Protect Patient Health Information	✔

Objective 2

Measure Name		Status	Threshold	Score	Count
E-Prescribing	Exclusion Available: Minimum denominator	✔	>60%	100%	62 / 62 Orders

Objective 3

Measure Name	Status
Clinical Decision Support	✔
Drug Interaction Checks	✔

Objective 4

Measure Name		Status	Threshold	Score	Count
CPOE - Medications	Exclusion Available: Minimum denominator	✔	>60%	98.7%	73 / 74 Orders
CPOE - Labs		✔	>60%	100%	387 / 387 Orders
CPOE - Imaging	Exclusion Available: Minimum denominator	✔	>60%	98.1%	50 / 51 Orders

Objective 5

Measure Name	Status	Threshold	Score	Count
Patient Electronic Access*	✔	>80%	98.5%	250 / 254 Patients
Patient Education*	✔	>35%	99.7%	253 / 254 Patients

Objective 6

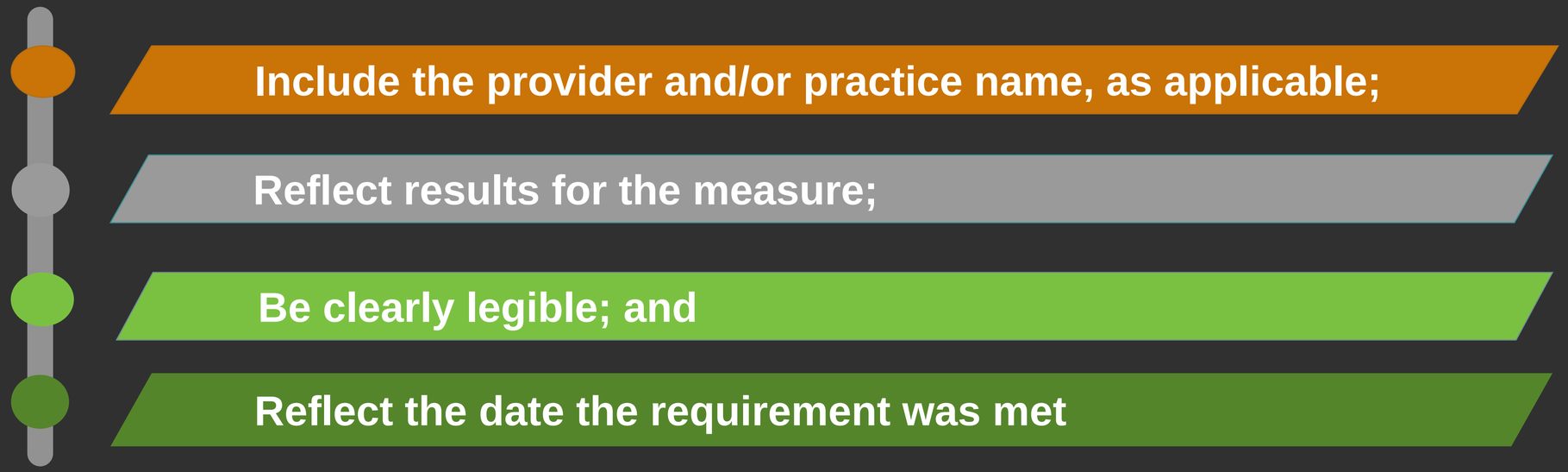
Measure Name	Status	Threshold	Score	Count
Patients Access Health Information*	✔	>5%	56.7%	144 / 254 Patients
Secure Messaging*	✔	>5%	77.6%	197 / 254 Patients
Patient-Generated Data	✔	>5%	28.4%	72 / 254 Patients

*Ensure documentation includes the items listed on slide 18 and is dated appropriately.

Standard Documentation

Yes/No Documentation

- Documentation to support yes/no measures must be submitted.
- The CEHRT dashboard alone cannot be used to support these measures.
- Documentation could include:
  - Screen shots from the CEHRT or vendor letters to support the applicable functionalities were enabled or the actions required were performed.
  - Documentation submitted should:



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Standard Documentation:

Yes/No Documentation Continued

- The appropriate date* of supporting documentation varies depending on the measure.
  - **Security Risk Analysis (SRA) (Objective 1):** The SRA must be completed on or after January 1, 2020 and no later than the Program Year 2020 attestation date. The scope of the assessment should include the PI (EHR) reporting period.
  - **Clinical Decision Support Rule (CDS) and Drug-Drug and Drug-Allergy Interaction Checks (Objective 3):** Reflect a date the requirement was met during the PI (EHR) reporting period.
  - **Public Health Measures (Objective 8):** Reflect the date the EP active engagement option (1, 2, or 3) milestone was achieved. **

*Documentation should reflect the date the requirements were met. For example, if submitting a screen shot, capture the date the screenshot was taken (i.e. the date in the toolbar).

**See slide 56 for the appropriate date for each active engagement option.

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Objective 1: Protect Patient Health Information Documentation

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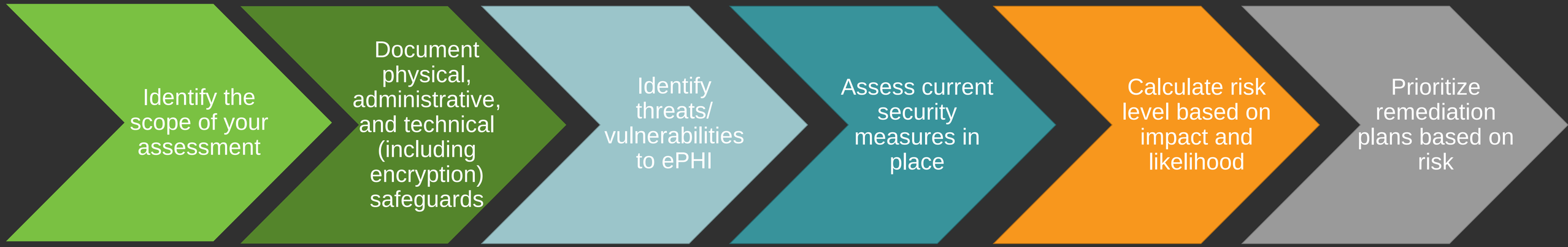
What Kinds of Documentation Must I Submit?

Security Risk Analysis

- Your security risk analysis (SRA) should be documented in a final report format and dated appropriately for the program year. The SRA must be completed, updated, or reviewed after January 1 and prior to the end of the program year *(or before the attestation date)*.

- Although there is no specified method that guarantees compliance, there are several elements an SRA must incorporate, regardless of method employed.



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Objective 2: Electronic Prescribing (eRx) Documentation

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What Kinds of Documentation Must I Submit?

eRx

- **Measure Documentation**
  - Percentage-based standard documentation (see slide 18).

- **Exclusion Documentation**
  - Writes fewer than 100 permissible prescriptions.
    - Standard documentation: The CEHRT dashboard shows that the EP wrote fewer than 100 permissible prescriptions during the PI (EHR) reporting period.
    - Alternate documentation: Provide supporting documentation, other than the CEHRT dashboard, that demonstrates the EP has fewer than 100 permissible prescriptions.
  - No pharmacy within organization or within 10 miles of EP practice
    - Additional documentation: showing the closest pharmacies to the practice at the start PI (EHR) reporting period.
    - Demonstrate how you determined no pharmacy is within 10 miles of the practice.

Objective 3: Clinical Decision Support Documentation

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What Kinds of Documentation Must I Submit?

Measure 1 – Clinical Decision Support

- **Documentation submitted should:**
  - **Include the provider and/or practice name;**
  - **Five CDS interventions related to four or more eCQMs* were enabled;**
  - **Be clearly legible; and**
  - **Reflect the date the requirement was met during the PI (EHR) reporting period.**

- **For example, screen shots from the CEHRT or vendor letters to support the five CDS rules were enabled.**

*Absent four eCQMs related to an EPs scope of practice or patient population, the CDS interventions must be related to high-priority health conditions.

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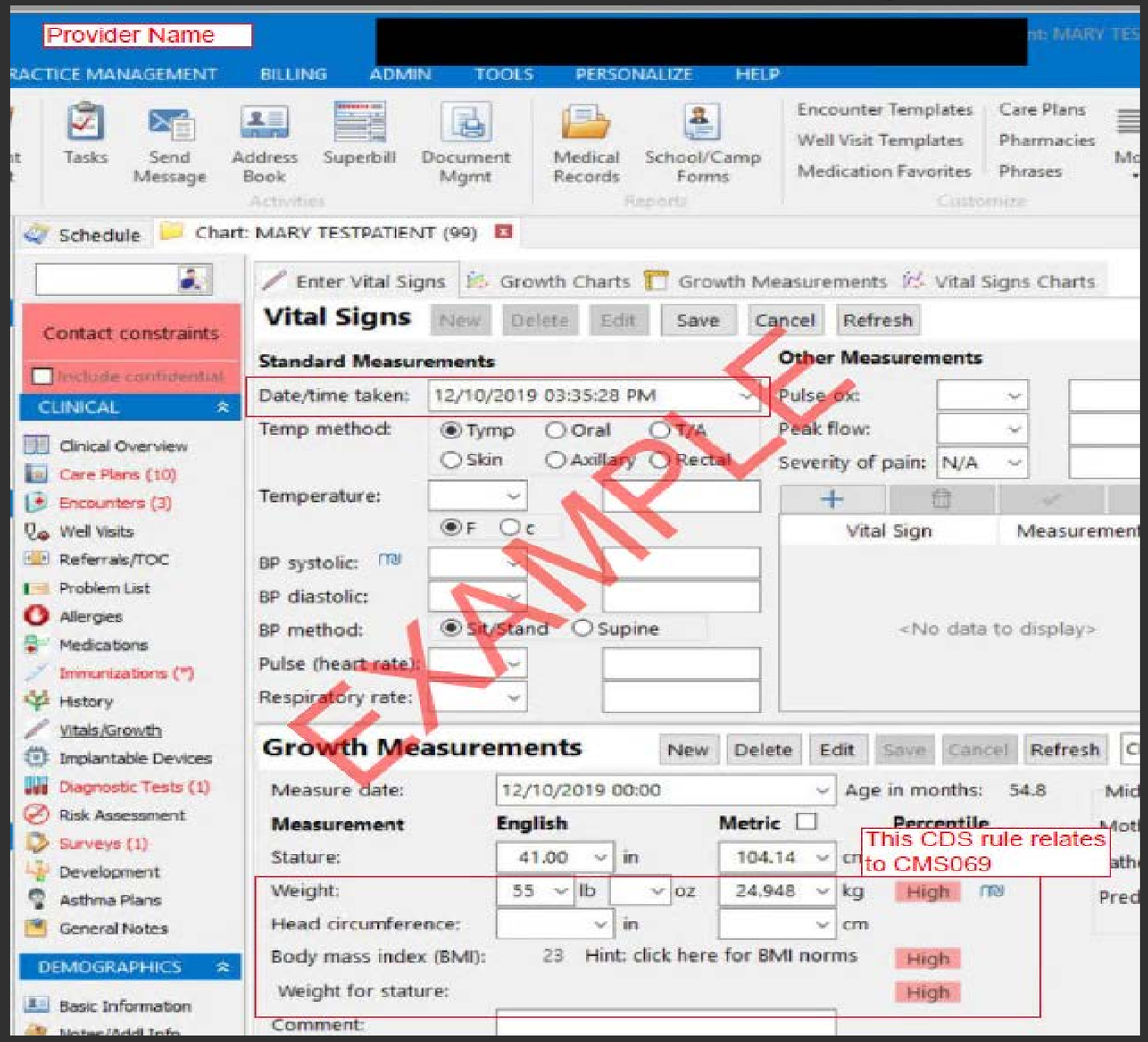
CDS Documentation Examples



*Ensure documentation includes the items listed on slide 27 and is dated appropriately.

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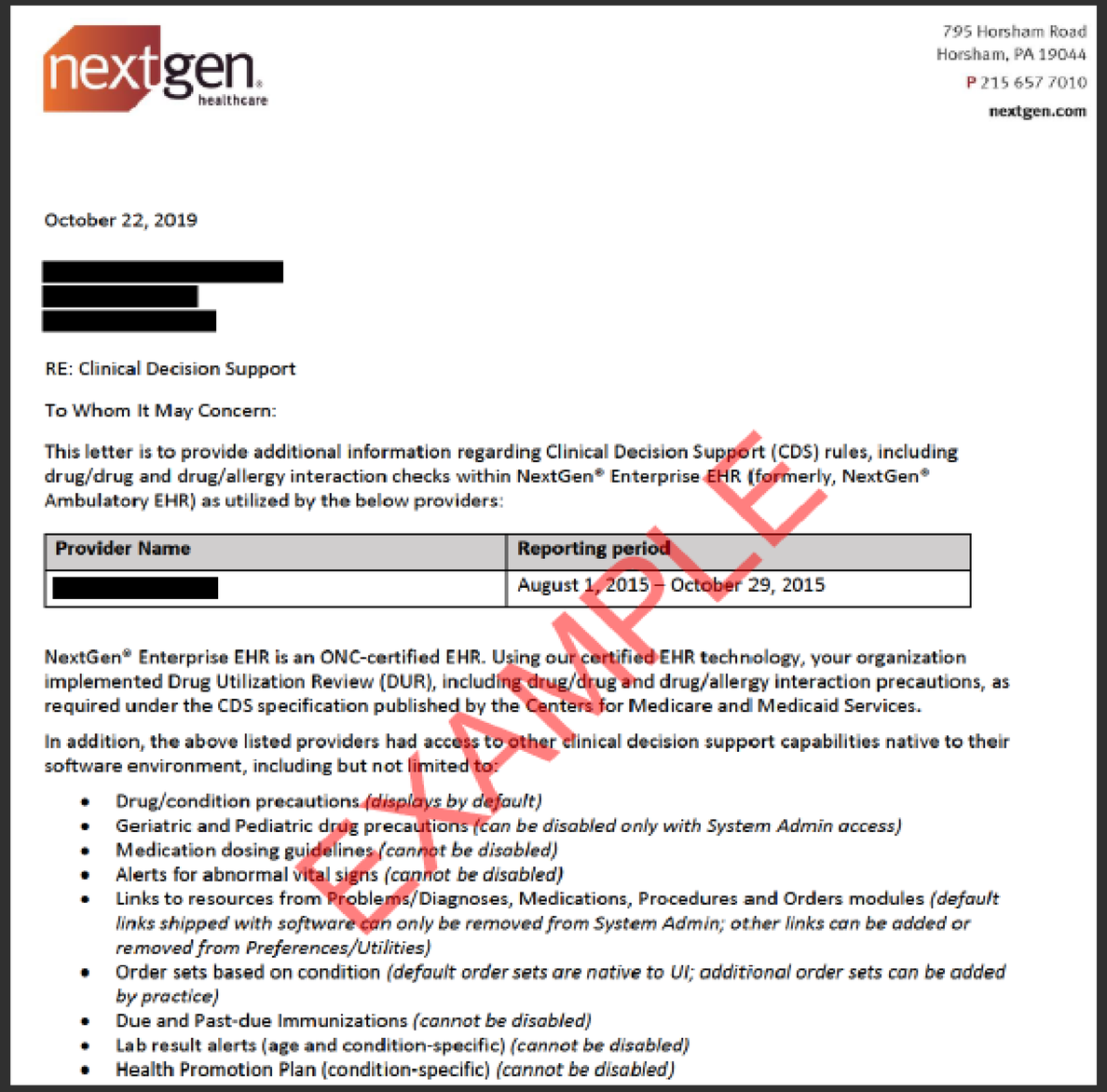
CDS Documentation Examples



795 Horsham Road
Horsham, PA 19044
P 215 657 7010
nextgen.com

October 22, 2019

[redacted]

RE: Clinical Decision Support

To Whom It May Concern:

This letter is to provide additional information regarding Clinical Decision Support (CDS) rules, including drug/drug and drug/allergy interaction checks within NextGen® Enterprise EHR (formerly, NextGen® Ambulatory EHR) as utilized by the below providers:

Provider Name	Reporting period
[redacted]	August 1, 2015 – October 29, 2015

NextGen® Enterprise EHR is an ONC-certified EHR. Using our certified EHR technology, your organization implemented Drug Utilization Review (DUR), including drug/drug and drug/allergy interaction precautions, as required under the CDS specification published by the Centers for Medicare and Medicaid Services.

In addition, the above listed providers had access to other clinical decision support capabilities native to their software environment, including but not limited to:

- Drug/condition precautions *(displays by default)*
- Geriatric and Pediatric drug precautions *(can be disabled only with System Admin access)*
- Medication dosing guidelines *(cannot be disabled)*
- Alerts for abnormal vital signs *(cannot be disabled)*
- Links to resources from Problems/Diagnoses, Medications, Procedures and Orders modules *(default links shipped with software can only be removed from System Admin; other links can be added or removed from Preferences/Utilities)*
- Order sets based on condition *(default order sets are native to UI; additional order sets can be added by practice)*
- Due and Past-due Immunizations *(cannot be disabled)*
- Lab result alerts (age and condition-specific) *(cannot be disabled)*
- Health Promotion Plan (condition-specific) *(cannot be disabled)*

EXAMPLE

*Ensure documentation includes the items listed on slide 27 and is dated appropriately.

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What Kinds of Documentation Must I Submit?

Measure 1 – Clinical Decision Support, Continued

- Other types of documents can support CDS rules as long as the documentation supports 5 CDS rules related to 4 or more eCQMs were implemented during the PI (EHR) reporting period.

  - For example, system settings from during the PI (EHR) reporting period that demonstrate functionality was enabled prior to period and cannot be disabled.

What Kinds of Documentation Must I Submit?

Measure 2: Documentation for Drug-drug & Drug-Allergy Interaction Checks

- Documentation submitted should:
  - Include the provider and/or practice name;
  - Drug-drug and drug-allergy interaction checks were enabled;
  - Be clearly legible; and
  - Reflect the date the requirement was met during the PI (EHR) reporting period.

- For example, screen shots from the CEHRT or vendor letters to support drug-drug and drug-allergy interaction checks were enabled.

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What Kinds of Documentation Must I Submit?

Measure 2: Exclusion Documentation for Drug-Drug & Drug-Allergy

- Exclusion: Writes fewer than 100 medication orders.
  - The CEHRT dashboard* shows that the EP wrote fewer than 100 medication orders during the PI (EHR) reporting period; or
  - Provide supporting documentation, other than the CEHRT dashboard, that demonstrates the EP has fewer than 100 medication orders.

*Example of appropriate CEHRT dashboard is on slide 19.

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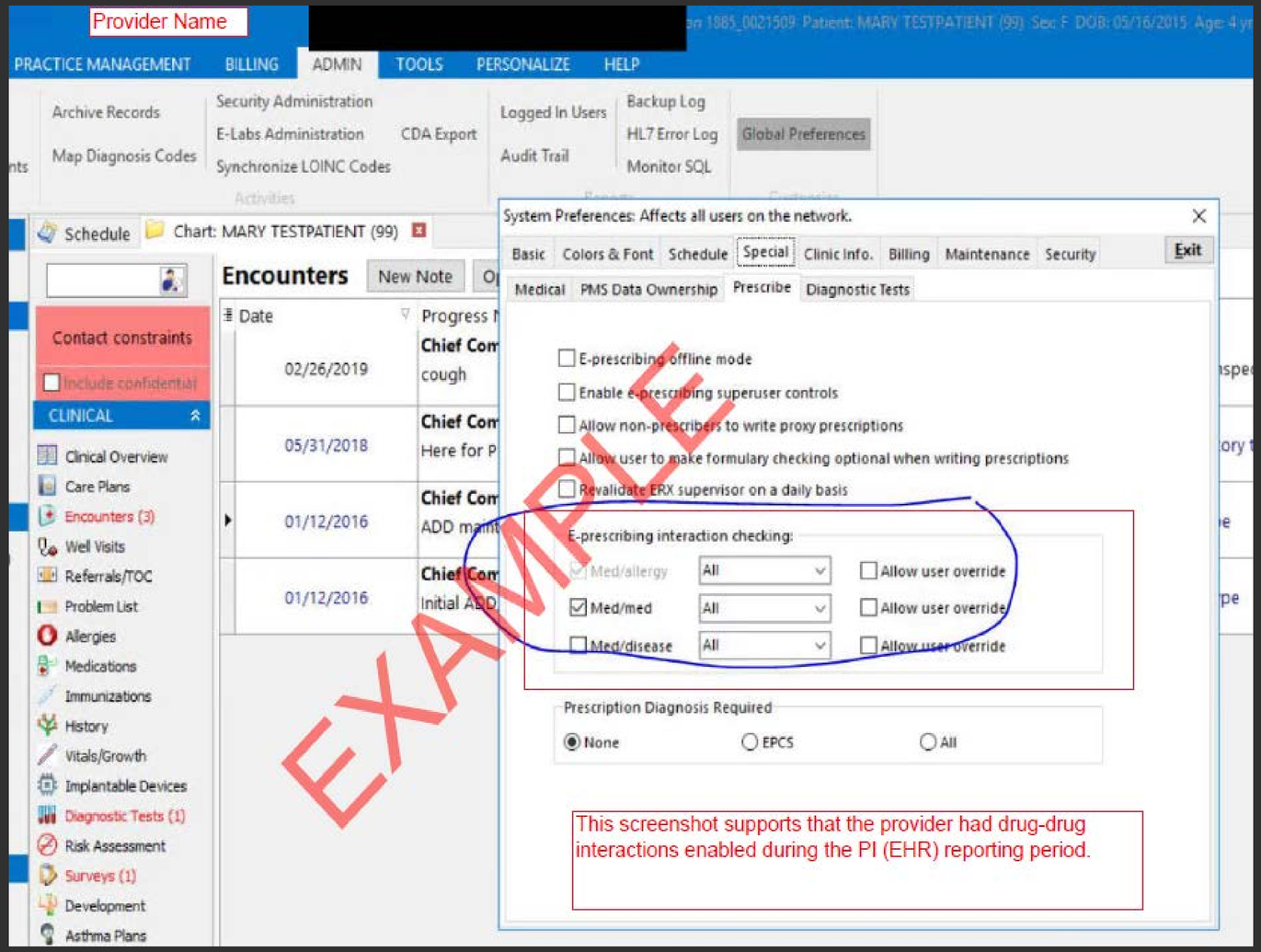
Drug-Drug & Drug-Allergy Documentation Examples



*Ensure documentation includes the items listed on slide 31 and is dated appropriately. For example, the screen shot could include the toolbar on the bottom right of the screen to show the date the screen shot was taken. The date needs to be within the PI (EHR) reporting period.

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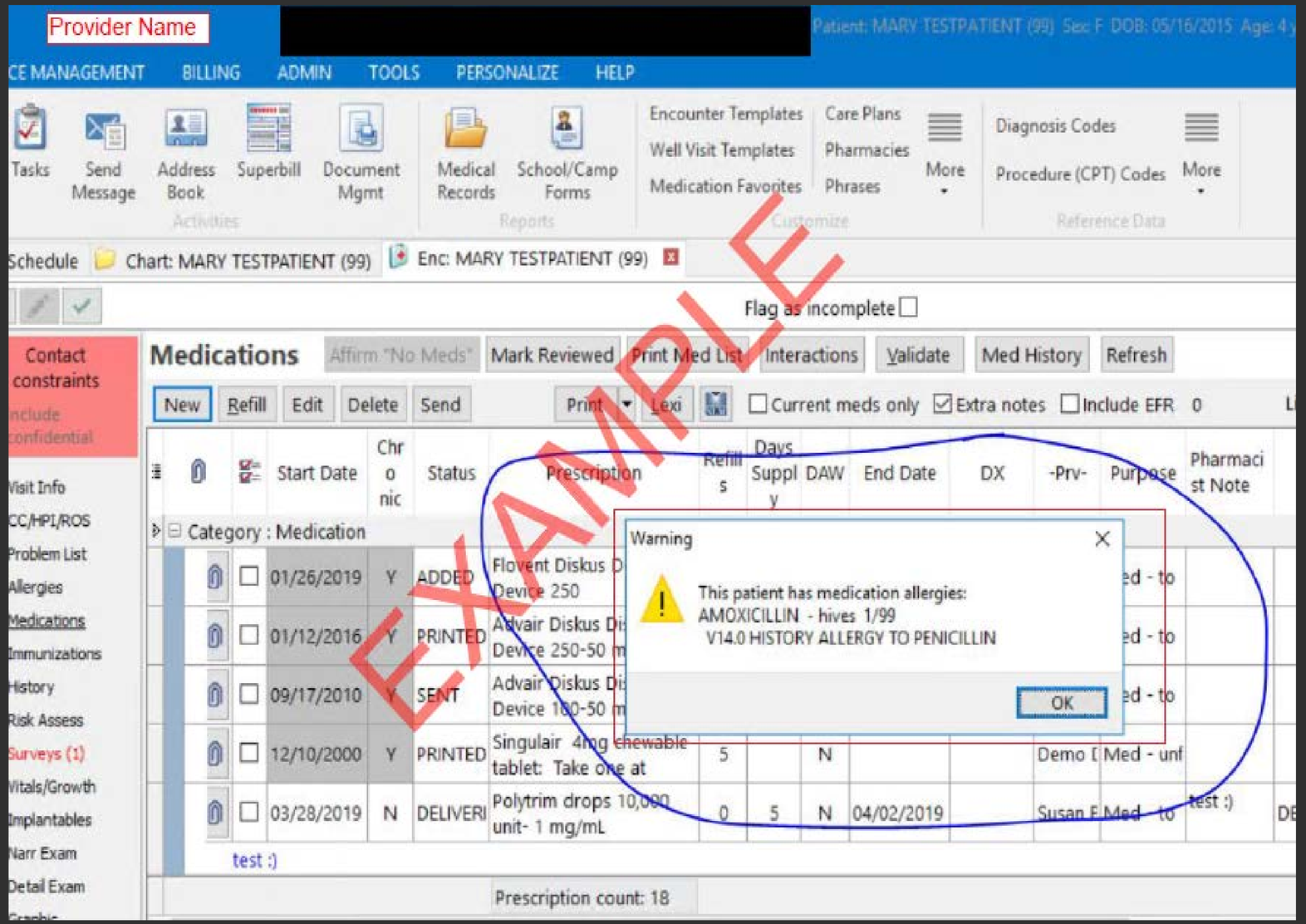
Drug-Drug & Drug-Allergy Documentation Examples



*Ensure documentation includes the items listed on slide 31 and is dates appropriately.

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Objective 4: Computerized Provider Order Entry (CPOE) Documentation

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Computerized Provider Order Entry

- An EP, through a combination of meeting the thresholds and exclusions (or both), must satisfy all three measures for this objective:

  - **Measure 1:** More than 60 percent of medication orders created by the EP during the PI (EHR) reporting period are recorded using computerized provider order entry.
  - **Measure 2:** More than 60 percent of laboratory orders created by the EP during the PI (EHR) reporting period are recorded using computerized provider order entry.
  - **Measure 3:** More than 60 percent of diagnostic imaging orders created by the EP during the PI (EHR) reporting period are recorded using computerized provider order entry.

- Some examples of possible combinations are included below:

Pass or Fail	Measure 1	Measure 2	Measure 3
Pass	Meets Threshold	Meets Threshold	Meets Exclusion
Pass	Meets Threshold	Meets Exclusion	Meets Exclusion
Pass	Meets Exclusion	Meets Exclusion	Meets Exclusion
Fail	Meets the Exclusion	Meets Threshold	Does Not Meet Threshold or Exclusion

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What Kinds of Documentation Must I Submit?

CPOE

- **Measure Documentation**
  - Percentage-based standard documentation (see slide 18).

- **Exclusion Documentation**
  - Writes fewer than 100 orders for the applicable measure.
    - Standard documentation: The CEHRT dashboard shows that the EP wrote fewer than 100 orders for the applicable measure during the PI (EHR) reporting period.
    - Alternate documentation: Provide supporting documentation, other than the CEHRT dashboard, that demonstrates the EP has fewer than 100 orders for the applicable measure.

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Objective 5: Patient Electronic Access (PEA) Documentation

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What Kinds of Documentation Must I Submit?

PEA

- **Measure Documentation**
  - Percentage-based standard documentation (see slide 18).
  - API documentation related to measure 1 (see slide 41).
- **Exclusion Documentation**
  - The EP has no office visits during the PI (EHR) reporting period.
    - Additional Documentation: Must submit documentation to show the place of service code for all encounters during the PI (EHR) reporting period.
  - Broadband Access exclusion: Georgia EPs are unable to meet this exclusion per CMS.

Patient Electronic Access

Application Programming Interface (API) Documentation

API: A set of programming protocols established for multiple purposes. APIs may be enabled by a provider or provider organization to provide patients with access to their health information through a third-party application with more flexibility than is often found in many current “patient portals.”

We strongly recommend every EP reviews his/her CEHRT dashboard **NOW**, so that each EP knows the following:

- What PI (EHR) reporting period offers the best performance on all MU objectives.
- What supporting documentation requirements the EP will need to meet upon attestation.

This presentation is related to 2020 only and there are additional documentation requirements for 2019 due to CMS flexibility that only applies to 2019.

See DCH’s webinar on this topic for more information along with the documentation requirements for this measure in 2019.

Make sure to retain supporting documentation for any manual reports compiled.

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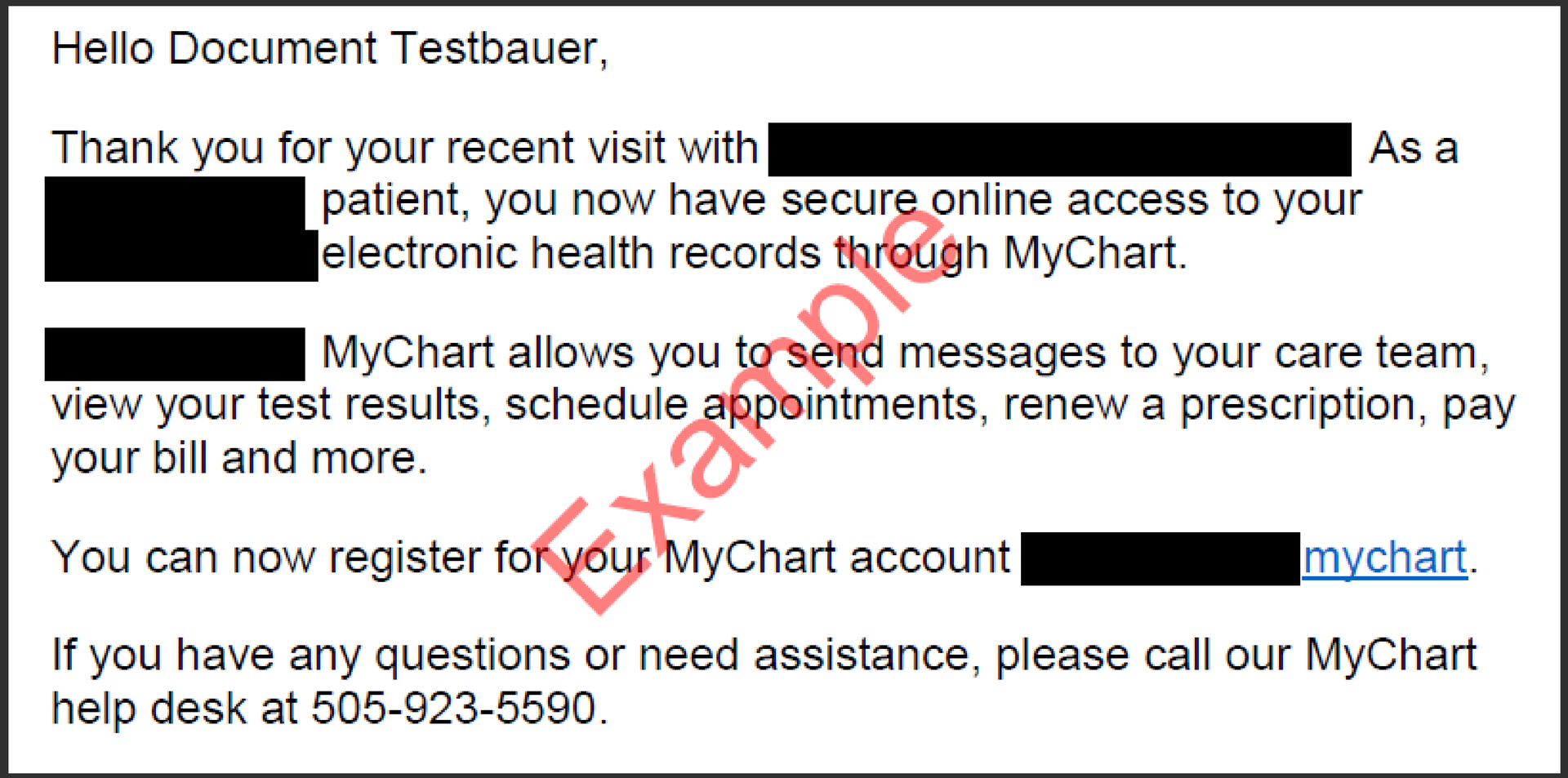
What Kinds of Documentation Must I Submit?

Application Programming Interface (API) Documentation

- A CEHRT-generated dashboard** for the selected PI (EHR) reporting period that shows the following:
  - **Provider's Name**
  - **Numerator**
  - **Denominator**
  - **Measure Percentage**
- Copy of instructions provided to patients on how to authenticate their access through the API.
- Copy of information given to patients on available applications that leverage the API.

*If the EP used the opt-out patient method to meet the measure threshold additional supporting documentation is required. Further detail regarding opt-out patients is discussed later in the presentation.

Documentation Examples – Authenticate Access



Hello Document Testbauer,

Thank you for your recent visit with [redacted] As a [redacted] patient, you now have secure online access to your electronic health records through MyChart.

[redacted] MyChart allows you to send messages to your care team, view your test results, schedule appointments, renew a prescription, pay your bill and more.

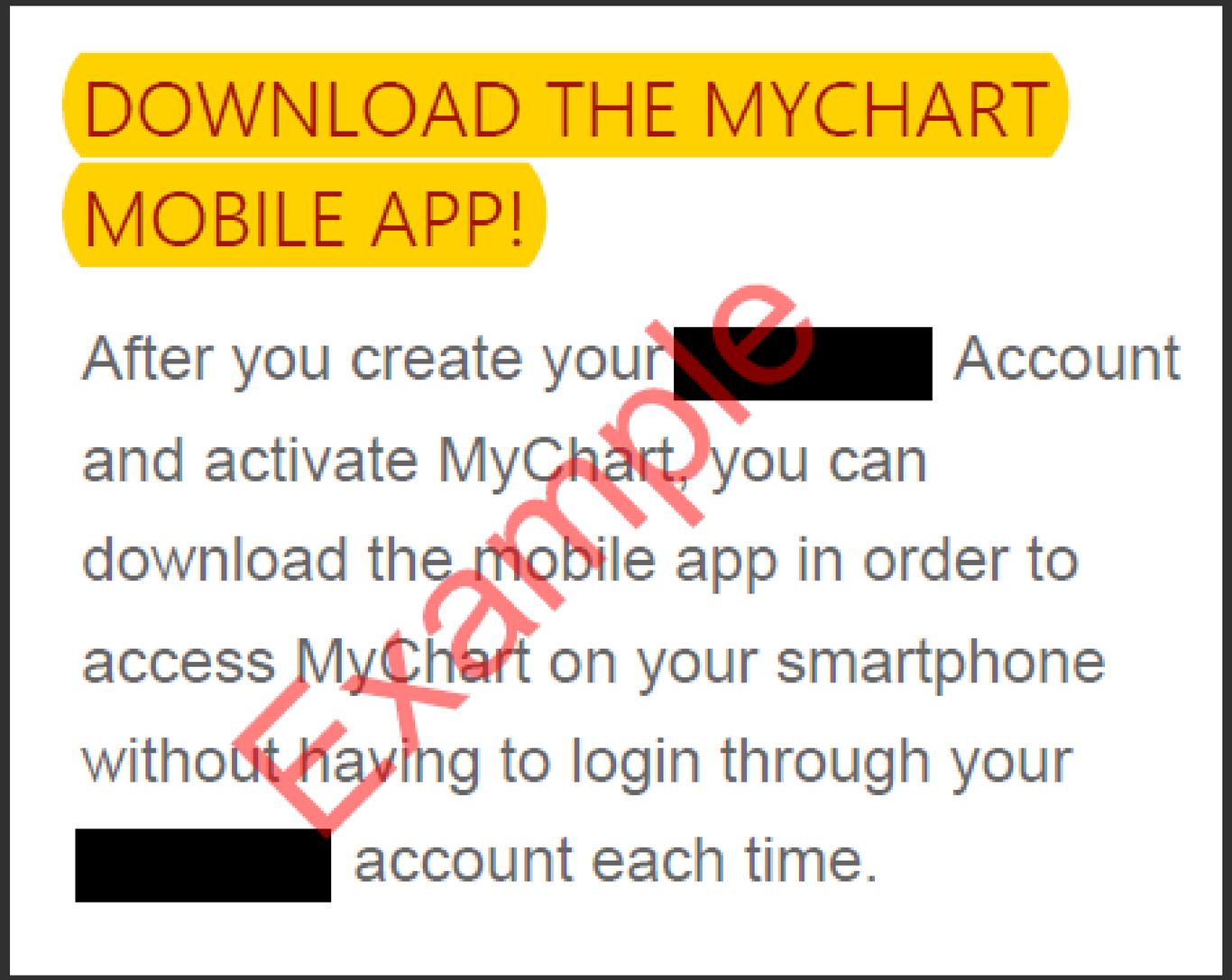
You can now register for your MyChart account [redacted] mychart.

If you have any questions or need assistance, please call our MyChart help desk at 505-923-5590.

Example

*Practice confirmed that the information above is emailed to every patient immediately after the visit. MyChart is connected to the practice's CEHRT via an API.

Documentation Examples – Available Applications



*This is an example of available applications. This is included in the email sent to patients on the previous slide.

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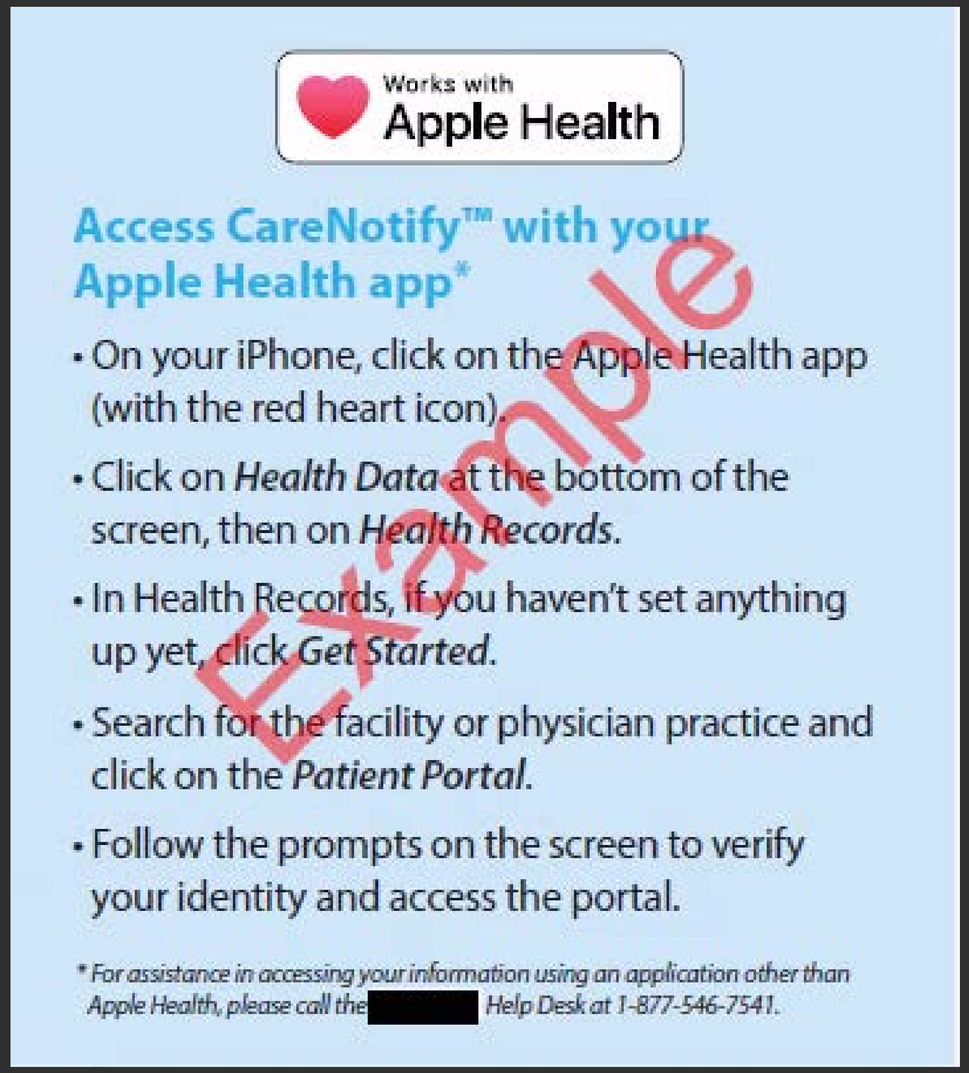
Documentation Examples – Available Applications



Works with Apple Health

Access CareNotify™ with your Apple Health app*

- On your iPhone, click on the Apple Health app (with the red heart icon).
- Click on *Health Data* at the bottom of the screen, then on *Health Records*.
- In Health Records, if you haven't set anything up yet, click *Get Started*.
- Search for the facility or physician practice and click on the *Patient Portal*.
- Follow the prompts on the screen to verify your identity and access the portal.

** For assistance in accessing your information using an application other than Apple Health, please call the [redacted] Help Desk at 1-877-546-7541.*

Example

*Apple Health is connected to CareNotify via an API. This information was distributed to patients via email.

Patient Electronic Access

Opt-Out Patient Method

CMS allows EPs to include patients in the numerator of objective 5 measure 1 and measure 2 if the patients elect to “opt-out” of electronically accessing their health information.

The patients must still be included in the denominator.

An EP may count these patients in the numerator if the patients are provided all of the necessary information to subsequently access their information, obtain access through a patient-authorized representative, or otherwise opt back in without further follow up action required by the EP.

For measure 1, the EP must still provide API documentation to all patients who opt-out of electronic access.

- If the API documentation is provided via a patient portal, the EP must separately provide it to all opt-out patients via another means because patients will not be able to view the documentation in the portal.

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What Kinds of Documentation Must I Submit?

Opt-Out Patient Method

Create an Opt-Out Patient Audit Log including the patient names or identifiers and date of services.

Do not include patients in the Opt-Out Patient Audit Log that are already included in the numerator of the CEHRT dashboard.

Retain documentation supporting the Opt-Out Patient Audit Log.

Documentation must demonstrate the patients willingly chose to opt-out

- Ex: Signed a document stating the patient opts out.
- Ex: Patient provided all the necessary information but did not login to the patient portal.

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What Kinds of Documentation Must I Submit?

Opt-Out Patient Method

Patient ID	Patient DOB	Provider	Service Date	Health Information Made Available Timely	Patient Opted-Out of Participation
111	9/9/2020	Dr. Oz	10/1/2019	Yes	Yes
112	3/21/1996	Dr. Oz	10/2/2019	Yes	Yes
113	5/2/1985	Dr. Oz	10/3/2019	Yes	Yes
114	6/4/1990	Dr. Oz	10/4/2019	Yes	Yes
115	7/2/1995	Dr. Oz	10/5/2019	Yes	Yes
116	10/11/1975	Dr. Oz	10/6/2019	Yes	Yes
117	5/9/1965	Dr. Oz	10/7/2019	Yes	Yes
118	11/20/1973	Dr. Oz	10/8/2019	Yes	Yes
119	8/9/1983	Dr. Oz	10/9/2019	Yes	Yes
120	12/2/1979	Dr. Oz	10/10/2019	Yes	Yes

EXAMPLE

- The Opt-Out Patient Audit Log must include only patients that had a visit during the meaningful use reporting period.

- Additional documentation to validate the accuracy of the audit log will be requested if selected for post-payment audit. For example, a copy of the document the patient signs stating they opt-out.

Objective 6: Coordination of Care Documentation

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Coordination of Care

- An EP must meet the minimum threshold for 2 of the 3 measures or meet 1 of the 2 available exclusions.
    - The exclusions for all three measures are the same. If the EP meets one of the exclusions, the EP can meet the exclusion for all three measures.
- Some examples of possible combinations are included below:

Pass or Fail	Measure 1	Measure 2	Measure 3
Pass	Meets Threshold	Meets Threshold	Does Not Meet Threshold
Pass	Meets Threshold	Meets Exclusion	Meets Exclusion
Pass	Meets Exclusion	Meets Exclusion	Meets Exclusion
Fail	Does Not Meet Threshold or Exclusion	Does Not Meet Threshold or Exclusion	Does Not Meet Threshold or Exclusion

*CMS does **NOT** allow EPs to include patients who elect to “opt-out” of electronically accessing their health information in the numerator of objective 6 measures 1, 2, and 3.

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What Kinds of Documentation Must I Submit?

Coordination of Care

- **Measure Documentation**
  - Percentage-based standard documentation (see slide 18).
  - Additional documentation: If attesting to measure 3, explanation of what patient generated health data is being utilized and how the CEHRT is capturing that data.

- **Exclusion Documentation**
  - The EP has no office visits during the PI (EHR) reporting period.
    - Additional Documentation: Must submit documentation to show the place of service code for all encounters during the PI (EHR) reporting period.
  - Broadband access exclusion: Georgia EPs are unable to meet this exclusion per CMS.

Objective 7: Health Information Exchange Documentation

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Health Information Exchange

- An EP must meet the minimum threshold for 2 of the 3 measures.
  - If the EP meets the criteria for exclusion from two measures, the EP must meet the threshold for the one remaining measure.
  - If the EP meets the criteria for exclusion from all three measures, the EP may be excluded from meeting this objective.

- Some examples of possible combinations are included below:

Pass or Fail	Measure 1	Measure 2	Measure 3
Pass	Meets Threshold	Meets Threshold	Does Not Meet Threshold or Exclusion
Pass	Meets Threshold	Meets Exclusion	Meets Exclusion
Pass	Meets Exclusion	Meets Exclusion	Meets Exclusion
Fail	Meets Exclusion	Meets Threshold	Does Not Meet Threshold or Exclusion
Fail	Meets Exclusion	Meets Exclusion	Does Not Meet Threshold or Exclusion

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What Kinds of Documentation Must I Submit?

Health Information Exchange

- **Measure Documentation**
  - Percentage-based standard documentation (see slide 18).

- **Exclusion Documentation**
  - EP transfers a patient to another setting or refers a patient to another provider fewer than 100 (measure 1 only).
  - Total transitions or referrals received and patient encounters in which EP has never before encountered the patient, is fewer than 100 (measures 2 and 3).
    - Standard documentation: The CEHRT dashboard shows that the EP had fewer than 100 qualifying transitions/referrals/encounters for the appropriate measure during the PI (EHR) reporting period.
    - Alternate documentation: Provide supporting documentation, other than the CEHRT dashboard, that demonstrates the EP had fewer than 100 transitions/referrals/encounters for the appropriate measure.
  - Broadband access exclusion (measures 1 and 2)
    - Georgia EPs are unable to meet this exclusion per CMS.

Objective 8: Public Health Reporting Documentation

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Public Health Reporting

- **Objective:** The eligible professional (EP) is in active engagement with a public health agency (PHA) or clinical data registry (CDR) to submit electronic public health data in a meaningful way using certified electronic health record technology (CEHRT), except where prohibited, and in accordance with applicable law and practice.

- An EP must satisfy 2 of the 5 available measures for this objective. If the EP cannot satisfy at least two measures, the EP may still meet the objective if they qualify for exclusions from all measures the EP cannot meet.

- **Measure 1:** Immunization Registry Reporting: The EP is in active engagement with a PHA to submit immunization data and receive immunization forecasts and histories from GRITs.
- **Measure 2:** Syndromic Surveillance Reporting: The EP is in active engagement with a PHA to submit syndromic surveillance data.
- **Measure 3**: Electronic Case Reporting: The EP is in active engagement with a PHA to submit case reporting of reportable conditions.
- **Measure 4**: Public Health Registry Reporting: The EP is in active engagement with a PHA to submit data to public health registries.
- **Measure 5**: Clinical Data Registry (CDR) Reporting: The EP is in active engagement to submit data to a CDR.

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What Kinds of Documentation Must I Submit?

Public Health Reporting

- Documentation must provide that the EP's level of active engagement was met.
- Documentation must be dated to show when the active engagement option (1, 2, or 3) milestone was achieved.
    - **Active Engagement Option 1 - Registration**: The completion date can occur before calendar year 2020 if the EP has not progressed and is still in active engagement option 1, <u>but</u> no later than 60 days from the start of the PI (EHR) reporting period.
    - **Active Engagement Option 2 – Testing and Validation**: The completion date can occur before calendar year 2020 if the EP has not progressed and is still in active engagement option 2.
    - **Active Engagement Option 3 - Production**: The completion date can occur before calendar year 2020 if the EP is still in active engagement option 3.

* In Georgia, EPs can use active engagement documentation dated in a prior year to support their current year attestation when the EP can demonstrate both of the following:

- The CEHRT used in a prior year is the same CEHRT used for the current year's attestation.
- The provider still practices at the organization where active engagement was achieved in a prior year.

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What Kinds of Documentation Must I Submit?

Public Health Reporting

- Active engagement documentation
  - Documentation submitted should:
    - Include the provider or practice name;
    - Reflect EP's level of active engagement;
    - Be clearly legible; and
    - Reflect the date the requirement was met (see slide 56).

- **Syndromic Surveillance Reporting:** The Georgia Department of Public Health (GDPH) is not able to accept syndromic surveillance data from EPs. If the EP is attesting to the exclusion, no documentation is required.

- **Electronic Case Reporting:** The Georgia Department of Public Health (GDPH) is not able to accept case reporting data from EPs. Therefore, if the EP is attesting to the exclusion, no documentation is required.

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Immunization Documentation Example

GRITS Transaction Detail

*Ensure documentation includes the items listed on slide 57 and is dated appropriately.

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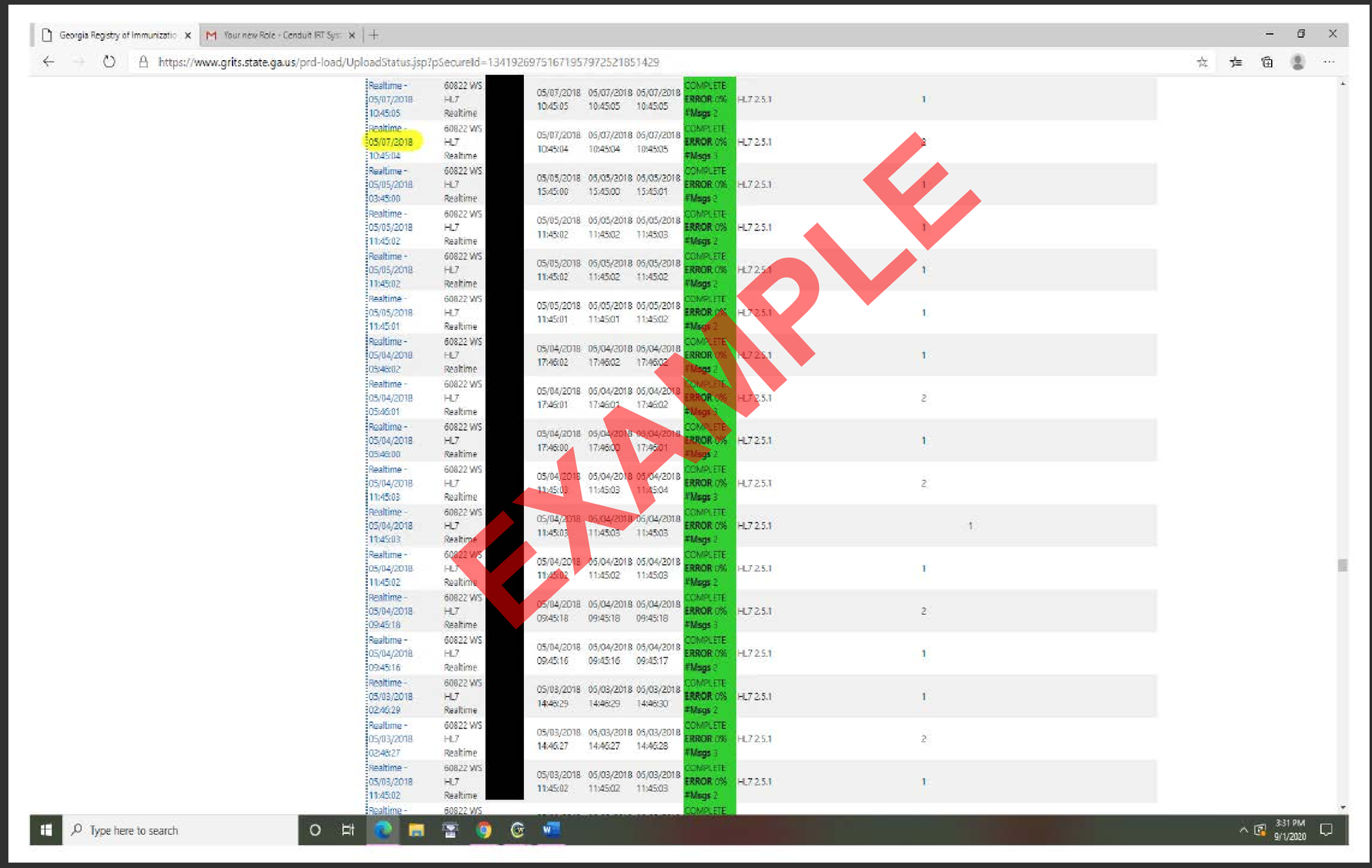
Immunization Documentation Example



*Ensure documentation includes the items listed on slide 57 and is dated appropriately.

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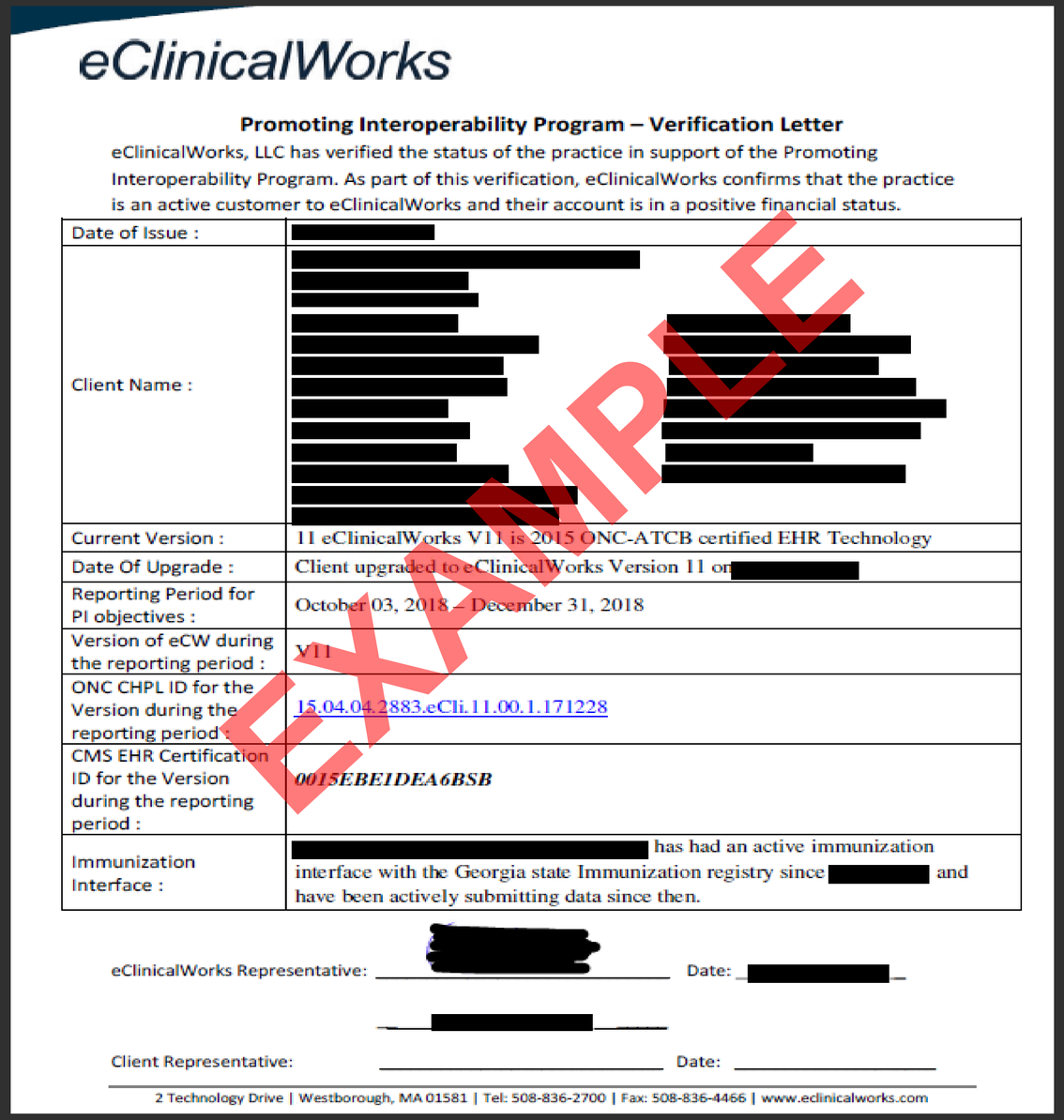
Immunization Documentation Example



eClinicalWorks

Promoting Interoperability Program – Verification Letter

eClinicalWorks, LLC has verified the status of the practice in support of the Promoting Interoperability Program. As part of this verification, eClinicalWorks confirms that the practice is an active customer to eClinicalWorks and their account is in a positive financial status.

Date of Issue :	[redacted]
Client Name :	[redacted]
Current Version :	11 eClinicalWorks V11 is 2015 ONC-ATCB certified EHR Technology
Date Of Upgrade :	Client upgraded to eClinicalWorks Version 11 on [redacted]
Reporting Period for PI objectives :	October 03, 2018 – December 31, 2018
Version of eCW during the reporting period :	V11
ONC CHPL ID for the Version during the reporting period :	15.04.04.2883.eCli.11.00.1.171228
CMS EHR Certification ID for the Version during the reporting period :	*0015EBE1DEA6BSB*
Immunization Interface :	[redacted] has had an active immunization interface with the Georgia state Immunization registry since [redacted] and have been actively submitting data since then.

EXAMPLE

eClinicalWorks Representative: [redacted] Date: [redacted]

Client Representative: _____ Date: _____

2 Technology Drive | Westborough, MA 01581 | Tel: 508-836-2700 | Fax: 508-836-4466 | www.eclinicalworks.com

*Ensure documentation includes the items listed on slide 57 and is dated appropriately.

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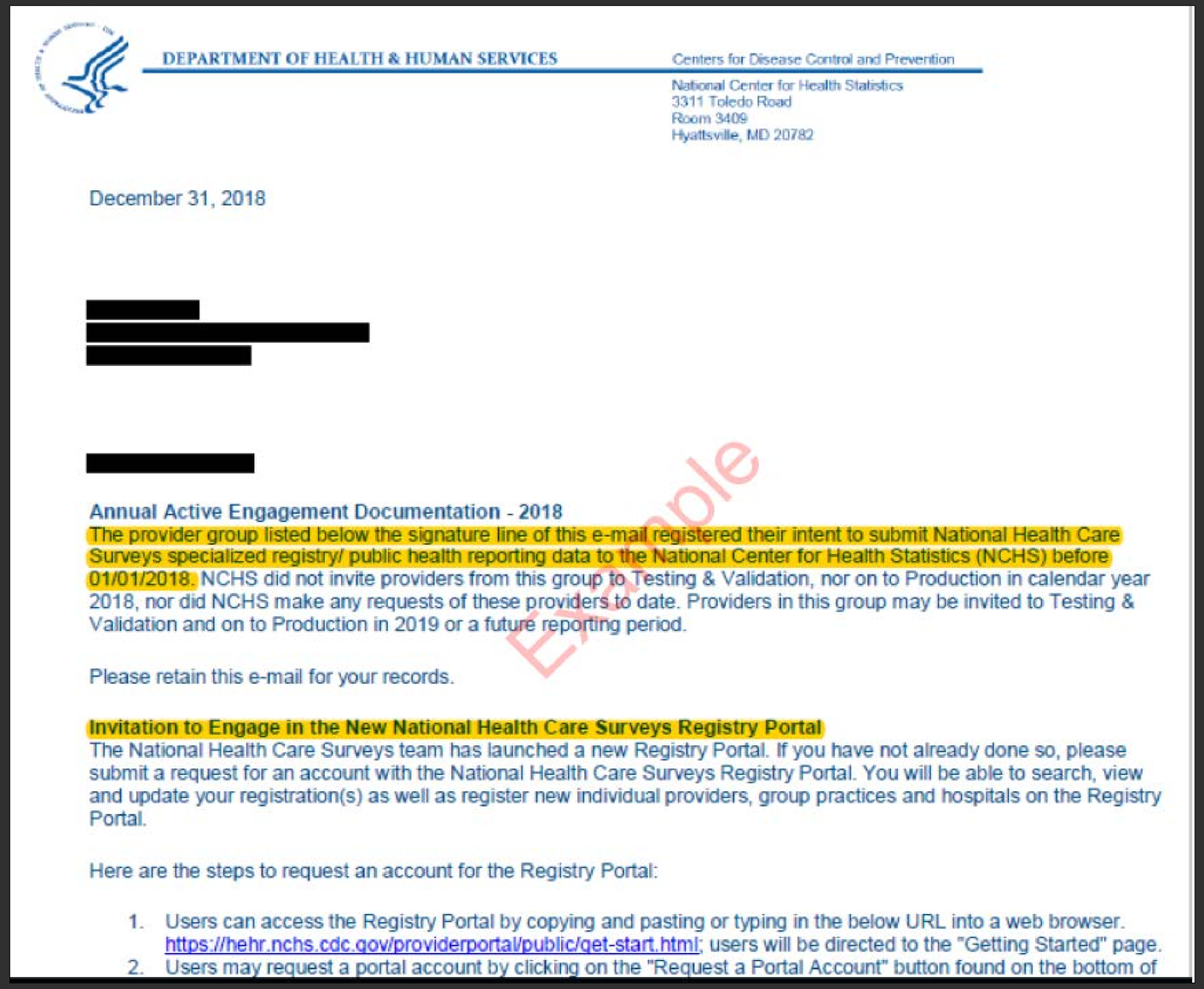
Public Health Documentation Example



DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Disease Control and Prevention

National Center for Health Statistics
3311 Toledo Road
Room 3409
Hyattsville, MD 20782

December 31, 2018

[redacted]

[redacted]

Annual Active Engagement Documentation - 2018

The provider group listed below the signature line of this e-mail registered their intent to submit National Health Care Surveys specialized registry/ public health reporting data to the National Center for Health Statistics (NCHS) before 01/01/2018. NCHS did not invite providers from this group to Testing & Validation, nor on to Production in calendar year 2018, nor did NCHS make any requests of these providers to date. Providers in this group may be invited to Testing & Validation and on to Production in 2019 or a future reporting period.

Example

Please retain this e-mail for your records.

Invitation to Engage in the New National Health Care Surveys Registry Portal

The National Health Care Surveys team has launched a new Registry Portal. If you have not already done so, please submit a request for an account with the National Health Care Surveys Registry Portal. You will be able to search, view and update your registration(s) as well as register new individual providers, group practices and hospitals on the Registry Portal.

Here are the steps to request an account for the Registry Portal:

1. Users can access the Registry Portal by copying and pasting or typing in the below URL into a web browser. https://hehr.nchs.cdc.gov/providerportal/public/get-start.html; users will be directed to the "Getting Started" page.
2. Users may request a portal account by clicking on the "Request a Portal Account" button found on the bottom of

*Ensure documentation includes the items listed on slide 57 and is dated appropriately.

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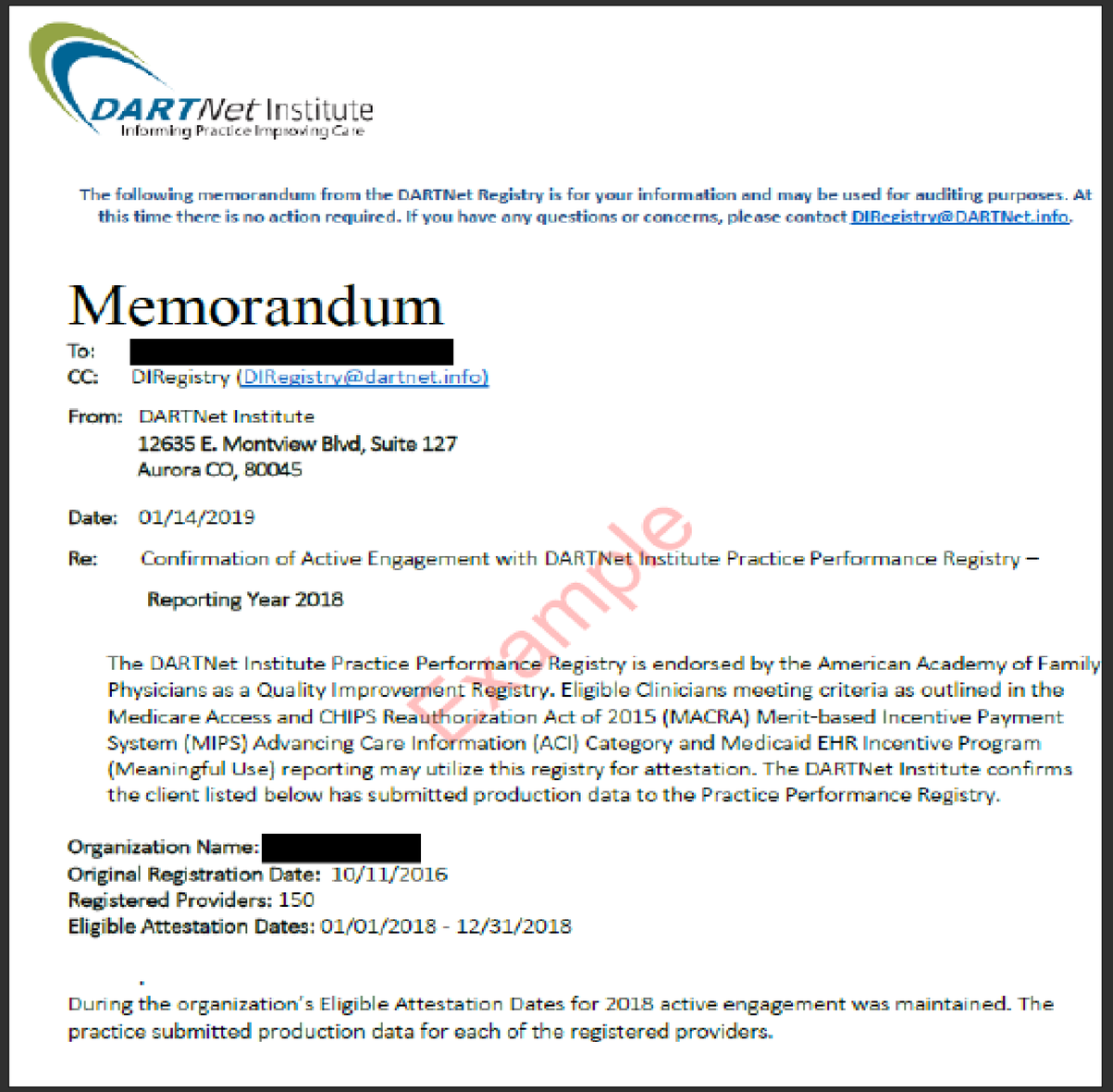
Clinical Data Registry Documentation Example



DARTNet Institute
Informing Practice Improving Care

The following memorandum from the DARTNet Registry is for your information and may be used for auditing purposes. At this time there is no action required. If you have any questions or concerns, please contact DIRegistry@DARTNet.info.

Memorandum

To: [redacted]
CC: DIRegistry (DIRegistry@dartnet.info)

From: DARTNet Institute
12635 E. Montview Blvd, Suite 127
Aurora CO, 80045

Date: 01/14/2019

Re: Confirmation of Active Engagement with DARTNet Institute Practice Performance Registry – Reporting Year 2018

Example

The DARTNet Institute Practice Performance Registry is endorsed by the American Academy of Family Physicians as a Quality Improvement Registry. Eligible Clinicians meeting criteria as outlined in the Medicare Access and CHIPS Reauthorization Act of 2015 (MACRA) Merit-based Incentive Payment System (MIPS) Advancing Care Information (ACI) Category and Medicaid EHR Incentive Program (Meaningful Use) reporting may utilize this registry for attestation. The DARTNet Institute confirms the client listed below has submitted production data to the Practice Performance Registry.

Organization Name: [redacted]
Original Registration Date: 10/11/2016
Registered Providers: 150
Eligible Attestation Dates: 01/01/2018 - 12/31/2018

During the organization's Eligible Attestation Dates for 2018 active engagement was maintained. The practice submitted production data for each of the registered providers.

*Ensure documentation includes the items listed on slide 57 and is dated appropriately.

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Public Health and Clinical Data Registry Reporting – Exclusion 1

- The EP does not operate or is not required to operate or operates in a jurisdiction where the applicable data is not collected (by that jurisdiction's registry). Specifically:

  - **Measure 1**: Does not administer immunizations to any of the populations for which data is collected.
  - **Measure 2**: Are not in a category of providers from which ambulatory syndromic surveillance data is collected.
  - **Measure 3**: Does not diagnose or directly treat any reportable diseases for which data is collected.
  - **Measure 4**: Does not diagnose or directly treat any disease or condition associated with a public health registry.
  - **Measure 5**: Does not diagnose or directly treat any disease or condition associated with a CDR.

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Public Health and Clinical Data Registry Reporting – Exclusions 2

- The appropriate exclusion can be claimed if at the start of the PI (EHR) reporting period the EP practices in a jurisdiction* for which:

  - **Measure 1:** GRITS is not capable of accepting the specific standards required to meet the CEHRT definition. **This exclusion does not apply to providers in Georgia**.
  - **Measure 2**: No PHA is capable of receiving electronic syndromic surveillance data from EPs in the specific standards required to meet the CEHRT definition.
  - **Measure 3**: No PHA is capable of receiving electronic case reporting data in the specific standards required to meet the CEHRT definition.
  - **Measure 4**: No PHA is capable of accepting electronic registry transactions in the specific standards required to meet the CEHRT definition.
  - **Measure 5**: No CDR is capable of accepting electronic registry transactions in the specific standards required to meet the CEHRT definition.

*Note the definition of jurisdiction is general, and the scope may be at the local, state regional or national level.

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Public Health and Clinical Data Registry Reporting – Exclusions 3

- The appropriate exclusion can be claimed if six months prior to the PI (EHR) reporting period the EP practices in a jurisdiction* where:

  - **Measure 1:** GRITS has not declared readiness to receive immunization data. **This exclusion does not apply to providers in Georgia.**
  - **Measure 2**: No PHA has declared readiness to receive syndromic surveillance data from EPs.
  - **Measure 3**: No PHA has declared readiness to receive electronic case reporting data.
  - **Measure 4**: No PHA for which the EP is eligible to submit data has declared readiness to receive electronic registry transactions.
  - **Measure 5**: No CDR for which the EP is eligible to submit data has declared readiness to receive electronic registry transactions.

*Note the definition of jurisdiction is general, and the scope may be at the local, state regional or national level.

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Public Health and Clinical Data Registry Reporting - Documentation

- **Measure Documentation**
  - Yes/no standard documentation for each measure (see slide 20).

- **Exclusion Documentation**
  - **Additional Documentation for Exclusion 1:** Explain and document why the EP does not or is not required to collect the data for the applicable measure in their jurisdiction.
  - **Additional Documentation for Exclusions 2 and 3:** An EP must complete two actions in order to find available registries or claim an exclusion:
    - Determine whether his or her jurisdiction endorses or sponsors a registry; and
    - Determine whether a National Specialty Society or other specialty society with which he or she is affiliated endorses or sponsors a registry.

Clinical Quality Measures (CQMs) Documentation

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Clinical Quality Measures (eCQM)

- EPs must attest to **6** out of 47 available eCQMs.
  - 6 outcome measures
  - 27 high priority measures
  - 14 remaining measures

- Priority Level 1: If relevant, at least one eCQM should be an outcome measure.

- Priority Level 2: If no outcome measure is relevant, at least one eCQM should be a high priority measure.

- Priority Level 3: If no outcome or high priority measures are relevant, report on relevant measures if possible.

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What Kinds of Documentation Must I Submit?

Clinical Quality Measures - Documentation

- Run an eCQM report from the CEHRT for the appropriate reporting period.

- Prove the eCQM data was calculated by a 2015 Edition CEHRT.
  - The report must show the CEHRT name; or
  - Screen shots demonstrating how the report was pulled from the CEHRT.

- The report should include the following:
  - The required number and type of eCQMs.
  - The numerator and denominator for each eCQM.
  - The most recent eCQM version the CEHRT has available.
  - The proper reporting period.
    - The eCQM reporting period is 90 days for all EPs.
    - The eCQM reporting period must be within CY 2020.

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What authority allows Myers and Stauffer access to audit PHI and confidential information?

The HIPAA Privacy Rule:

U.S. Department of Health and Human Services

Health Oversight Activities:

Covered entities may disclose protected health information to health oversight agencies (as defined in the Rule) for purposes of legally authorized health oversight activities, such as audits and investigations necessary for oversight of the health care system and government benefit programs.

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How long should I keep my documentation?

*All documentation to support meaningful use is **REQUIRED** to be kept for a minimum of SIX YEARS after the date of attestation.*

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Q&A

MYERS AND STAUFFER LC
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