Program Year 2020 Documentation Retention

Presented by: Priscilla Clark with Myers and Stauffer LC
November 2020
Stage 3 Learning Objectives

• Understand what documentation that must be submitted for PY 2020.
• Understand what information must be contained in the documentation for each requirement.
• Learn common audit findings.
Meaningful Use Requirements
Meaningful Use (MU) Requirements

• All Eligible Professionals (EPs) are required to attest to Stage 3 of MU for PY 2020.
• All EPs must have 2015 Edition certified electronic health record technology (CEHRT) implemented.
• Must maintain at least 80% of all unique patients’ data in CEHRT.
• Must perform at least 50% of all encounters at locations with CEHRT.
• 8 objectives and their related measures must be met.
  o 5 objectives are percentage-based measures
  o 3 objectives are yes/no measures
• If exclusions are selected, must meet exclusion criteria.
• Must report on minimum required number and type of eCQMs.
Program Year 2020 Meaningful Use Reporting Period Length

- **PI (EHR) Reporting Period:**
  - The PI (EHR) reporting period is 90 days for all EPs.
  - The PI (EHR) reporting period must be within calendar year (CY) 2020.

- **eCQM Reporting Period:**
  - The eCQM reporting period is 90 days for all EPs.
  - The eCQM reporting period must be within CY 2020.
Definitions of Documentation Terms

- EPs are required to upload documentation for each measure. The following slides describe the documentation required for each measure.
  - **Standard Documentation:** There are two standard types of documentation:
    - Yes/no standard documentation
    - Percentage-based standard documentation
  - **Additional Documentation:** The EP must submit standard documentation and the additional documentation listed.
  - **Alternate Documentation:** The EP has the option to submit alternate documentation in lieu of the standard documentation.
# Stage 3 Objectives

<table>
<thead>
<tr>
<th>#</th>
<th>Objective</th>
<th>Type of Measure</th>
<th>Documentation</th>
<th>Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Protect Patient Health Information</td>
<td>Yes/No</td>
<td>See SRA webinar</td>
<td>SRA Webinar**</td>
</tr>
<tr>
<td>2</td>
<td>Electronic Prescribing</td>
<td>Percentage-Based</td>
<td>Percentage-Based Standard*</td>
<td>Electronic Prescribing Webinar**</td>
</tr>
<tr>
<td>3</td>
<td>Clinical Decision Support (CDS)</td>
<td>Yes/No</td>
<td>Yes/No Standard</td>
<td>Clinical Decision Support Webinar**</td>
</tr>
<tr>
<td>4</td>
<td>Computerized Provider Order Entry</td>
<td>Percentage-Based</td>
<td>Percentage-Based Standard</td>
<td>Computerize Provider Order Entry Webinar**</td>
</tr>
<tr>
<td>5</td>
<td>Patient Electronic Access</td>
<td>Percentage-Based</td>
<td>Additional Documents will be requested*</td>
<td>Patient Electronic Access Webinar**</td>
</tr>
<tr>
<td>6</td>
<td>Coordination of Care</td>
<td>Percentage-Based</td>
<td>Percentage-Based Standard*</td>
<td>Coordination of Care Webinar**</td>
</tr>
<tr>
<td>7</td>
<td>Health Information Exchange</td>
<td>Percentage-Based</td>
<td>Percentage-Based Standard*</td>
<td>Health Information Exchange Webinar**</td>
</tr>
<tr>
<td>8</td>
<td>Public Health Reporting</td>
<td>Yes/No</td>
<td>Yes/No Standard*</td>
<td>Public Health Reporting Webinar***</td>
</tr>
</tbody>
</table>

*Additional documentation may be needed if exclusion is claimed.

**For more detailed information, access the webinar or FAQ by clicking on the appropriate link above, then click the drop down arrow labeled “Educational Resources”.

AHCCCS
Atelios Health Care Cost Containment System
## Stage 3 Compliance Summary

<table>
<thead>
<tr>
<th>#</th>
<th>Objective</th>
<th>Compliance</th>
<th>EP State Exceptions</th>
<th>Exclusions</th>
<th>Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Protect Patient Health Information</td>
<td>All EPs</td>
<td>No Exceptions</td>
<td>No Exclusions Available</td>
<td>N/A</td>
</tr>
<tr>
<td>2</td>
<td>Electronic Prescribing</td>
<td>All EPs</td>
<td>No Exceptions</td>
<td>Exclusion Available</td>
<td>M1</td>
</tr>
<tr>
<td>3</td>
<td>Clinical Decision Support</td>
<td>All EPs</td>
<td>No Exceptions</td>
<td>Exclusion Available for M2</td>
<td>M1, M2</td>
</tr>
<tr>
<td>4</td>
<td>Computerized Provider Order Entry</td>
<td>All EPs</td>
<td>No Exceptions</td>
<td>Exclusion Available</td>
<td>M1, M2, M3</td>
</tr>
<tr>
<td>5</td>
<td>Patient Electronic Access</td>
<td>All EPs</td>
<td>No Exceptions</td>
<td>Exclusion Available</td>
<td>M1, M2</td>
</tr>
<tr>
<td>6</td>
<td>Coordination of Care</td>
<td>All EPs</td>
<td>No Exceptions</td>
<td>Exclusion Available</td>
<td>M1, M2, M3</td>
</tr>
<tr>
<td>7</td>
<td>Health Information Exchange</td>
<td>All EPs</td>
<td>No Exceptions</td>
<td>Exclusion Available</td>
<td>M1, M2, M3</td>
</tr>
<tr>
<td>8</td>
<td>Registry Reporting (PHR/CDR)</td>
<td>All EPs</td>
<td>No Exceptions</td>
<td>Exclusion Available</td>
<td>M1, M2, M3</td>
</tr>
</tbody>
</table>

**Arizona Department of Health Services - State Public Health Agency**

- **Immunization Registry Reporting***: All EPs, No Exceptions, Exclusion Available, M1
- **Syndromic Surveillance Reporting**: All EPs, Exceptions for Arizona EPs, Exclusion Available, M2
- **Electronic Case Reporting**: All EPs, Exceptions for Arizona EPs, Exclusion Available, M3
- **Public Health Registry Reporting****: All EPs, Exception for Arizona EPs < 100 cancer cases, Exclusion Available, M4
- **Clinical Data Registry Reporting**: All EPs, No Exceptions, Exclusion Available, M5

*Immunization Registry reporting requires bi-directional data exchange in order to meet the measure.

**Cancer Registry accepted for EP specialties: Dermatologists, Gastroenterologists, Hematologists, Medical Oncologists, Radiation Oncologists, Surgeons and Urologists.
## Stage 3 Exclusions*

<table>
<thead>
<tr>
<th>#</th>
<th>Objective</th>
<th>Exclusion 1</th>
<th>Exclusion 2</th>
<th>Exclusion 3</th>
<th>Exclusion 4</th>
<th>Exclusion 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Protect Patient Health Information</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>2</td>
<td>Electronic Prescribing</td>
<td>$&lt; 100$ Permissible Prescriptions</td>
<td>$&lt; 10$ miles</td>
<td>No Pharmacies</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>3</td>
<td>Clinical Decision Support</td>
<td>None</td>
<td>$&lt; 100$ Medication Orders</td>
<td>None</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>4</td>
<td>Computerized Provider Order Entry</td>
<td>$&lt; 100$ Medication Orders</td>
<td>$&lt; 100$ Laboratory Orders</td>
<td>$&lt; 100$ Diagnostic Imaging Orders</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>5</td>
<td>Patient Electronic Access</td>
<td>No Office Visits</td>
<td>Broadband**</td>
<td>None</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>6</td>
<td>Coordination of Care</td>
<td>No Office Visits</td>
<td>Broadband**</td>
<td>None</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>7</td>
<td>Health Information Exchange</td>
<td>$&lt; 100$ Transfer/Refer</td>
<td>Broadband**</td>
<td>None</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>8</td>
<td>Registry Reporting</td>
<td>Do not administer</td>
<td>Data not collected</td>
<td>Do not diagnose/treat</td>
<td>Do not diagnose/treat</td>
<td>Do not diagnose/treat</td>
</tr>
<tr>
<td></td>
<td>o Public Health Registry</td>
<td>Registry not accepting</td>
<td>Registry not accepting REGISTRY</td>
<td>Registry not accepting REGISTRY</td>
<td>Registry not accepting REGISTRY</td>
<td>Registry not accepting REGISTRY</td>
</tr>
<tr>
<td></td>
<td>o Clinical Data Registry</td>
<td>Readiness not declared</td>
<td>Readiness not declared</td>
<td>Readiness not declared</td>
<td>Readiness not declared</td>
<td>Readiness not declared</td>
</tr>
</tbody>
</table>

*Additional documentation needed for exclusions.

** Arizona EPs are unable to meet this exclusion per CMS.
2015 Edition CEHRT
2015 Edition CEHRT

• The 2015 Edition CEHRT did not have to be implemented on January 1, 2020.
  o The CEHRT must be implemented by the first day of the PI (EHR) reporting period.
  o The CEHRT must be certified by ONC as a 2015 Edition product by the last day of the PI (EHR) reporting period.
    ▪ For example, the 2015 Edition may have been implemented by the practice before the start of the PI (EHR) reporting period even though the product is still pending ONC certification. However, the certification must be approved by ONC by the last day of the PI (EHR) reporting period.

• See the ONC website to learn when various CEHRT products were certified.
Documentation for 2015 Edition CEHRT

• CEHRT documentation should include:
  o Date the 2015 edition CEHRT was implemented;
  o Edition number; and
  o Practice name.
• Examples: CEHRT contract, vendor letter, etc.
**Documentation Example**

**MEDITECH**

February 7, 2020

MEDITECH’s version 6.15 Electronic Health Record (EHR) has received EHR ambulatory certification deeming the EHR software capable of enabling eligible clinicians to meet the 2015 Edition Promoting Interoperability objectives necessary to meet the requirements under the American Recovery and Reinvestment Act (ARRA) and Medicare Access and CHIP Reauthorization Act (MACRA).

Tested and certified under the Drummond Group’s Electronic Health Records Office of the National Coordinator Authorized Testing and Certification Body (ONC-ATCB) program, the EHR software is compliant with the 2015 Edition criteria adopted by the Secretary of Health and Human Services.

Licensed and possessed if applicable the following MEDITECH certified products during their Reporting Period of October 1, 2019, through December 31, 2019.

**Product Name:**
MEDITECH 6.15 Electronic Health Record
Core HCIS v6.15

**ONC #**
15.04.04.2931.MEDI.HC.00.1.171220

*Ensure documentation includes the items listed on slide 12 and is dated appropriately.*
General Requirements Documentation
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.
  
  o 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 for General Requirements

• Submit a detailed encounter listing for the reported 90-day PI (EHR) reporting period in Excel containing the following fields:
  o Patient name or unique identifier
  o Date of service
  o Date of birth
  o Location name
  o Identify which patients/encounters do not have data maintained in the CEHRT if they were seen at a location that has CEHRT.
### General Requirement Documentation Example*

<table>
<thead>
<tr>
<th>Patient ID</th>
<th>Patient DOB</th>
<th>Patient DOS</th>
<th>Location Name</th>
<th>In CEHRT</th>
</tr>
</thead>
<tbody>
<tr>
<td>111</td>
<td>9/9/2000</td>
<td>10/1/2020</td>
<td>Phoenix Office</td>
<td>Yes</td>
</tr>
<tr>
<td>112</td>
<td>3/21/1996</td>
<td>10/2/2020</td>
<td>Phoenix Office</td>
<td>Yes</td>
</tr>
<tr>
<td>113</td>
<td>5/2/1985</td>
<td>10/3/2020</td>
<td>Phoenix Office</td>
<td>Yes</td>
</tr>
<tr>
<td>115</td>
<td>7/2/1995</td>
<td>10/10/2020</td>
<td>Phoenix Office</td>
<td>Yes</td>
</tr>
<tr>
<td>116</td>
<td>10/11/1975</td>
<td>10/10/2020</td>
<td>Tucson Office</td>
<td>No</td>
</tr>
<tr>
<td>117</td>
<td>5/9/1965</td>
<td>10/10/2020</td>
<td>Phoenix Office</td>
<td>Yes</td>
</tr>
<tr>
<td>118</td>
<td>11/20/1973</td>
<td>10/10/2020</td>
<td>Phoenix Office</td>
<td>Yes</td>
</tr>
<tr>
<td>119</td>
<td>8/9/1983</td>
<td>10/10/2020</td>
<td>Phoenix Office</td>
<td>Yes</td>
</tr>
<tr>
<td>120</td>
<td>12/2/1979</td>
<td>10/10/2020</td>
<td>Phoenix Office</td>
<td>Yes</td>
</tr>
</tbody>
</table>

*Additional documentation to validate the accuracy of the general requirement patient detail may be requested.*
Percentage-Based Documentation
Standard Documentation: Percentage-Based Measures

• Unless otherwise specified, submit the CEHRT dashboard for all percentage-based measures.

• CEHRT dashboard* should:
  o Reflect the correct PI (EHR) reporting period;
  o Include the provider name;
  o Reflect all percentage-based measures; and
    ▪ Numerators**
    ▪ Denominators
    ▪ Measure Percentages
  o Match the attestation***.

*In certain situations, a non-CEHRT generated report may be necessary. The use of non-CEHRT generated reports may be permitted upon AHCCCS 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 they should submit CEHRT dashboard reports for all locations and add the MU data together when attesting.
Standard Documentation: Percentage-Based Measures Continued

- 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, alternate documentation is required.
  - Alternate documentation: Provide supporting documentation, other than the CEHRT dashboard, that demonstrates the EP meets the exclusion.
Percentage-Based Documentation Example

*Ensure documentation includes the items listed on slide 19 and is dated appropriately.

---

### Objective Measures Summary

<table>
<thead>
<tr>
<th>Objective 1</th>
<th>Measure Name</th>
<th>Status</th>
<th>Threshold</th>
<th>Score</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Protect Patient Health Information</td>
<td>✔️</td>
<td>✔️</td>
<td>100%</td>
<td>62 / 62 Orders</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Objective 2</th>
<th>Measure Name</th>
<th>Status</th>
<th>Threshold</th>
<th>Score</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>E-Prescribing</td>
<td>Exclusion Available Minimum denominator</td>
<td>✔️</td>
<td>&gt;60%</td>
<td>100%</td>
<td>62 / 62 Orders</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Objective 3</th>
<th>Measure Name</th>
<th>Status</th>
<th>Threshold</th>
<th>Score</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Decision Support</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Objective 4</th>
<th>Measure Name</th>
<th>Status</th>
<th>Threshold</th>
<th>Score</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPOE - Medications</td>
<td>Exclusion Available Minimum denominator</td>
<td>✔️</td>
<td>&gt;60%</td>
<td>100%</td>
<td>72 / 74 Orders</td>
</tr>
<tr>
<td>CPOE - Labs</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Objective 5</th>
<th>Measure Name</th>
<th>Status</th>
<th>Threshold</th>
<th>Score</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Education</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Objective 6</th>
<th>Measure Name</th>
<th>Status</th>
<th>Threshold</th>
<th>Score</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients Access Health Information</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
</tr>
</tbody>
</table>

---

**Example**
Objective 5: Patient Electronic Access*

• **Measure 1 Only**
  - Percentage-based standard documentation (see slide 19).
  - Copy of instructions provided to patients on how to authenticate their access through the API. Examples included on following slides.
  - Copy of information given to patients on available applications that leverage the API. Examples included on following slides.

• **Measure 1 and 2**
  - If patients that opted out of the patient portal are included in the numerator for either measure an Opt-Out Patient Audit Log must be submitted and include the following:
    - Patient name or unique identifier
    - Date of service
    - Date of birth
    - Confirmation the health information was timely made available
    - Confirmation the patient opted-out of participation

*For additional information see the [Patient Electronic Access](#) webinar. To access the webinar click on the link, then click the drop down arrow labeled “Educational Resources”.
Hello Document Testbauer,

Thank you for your recent visit with [REDACTED] As a [REDACTED] patient, you now have secure online access to your [REDACTED] 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.

*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

DOWNLOAD THE MYCHART MOBILE APP!

After you create your [REDacted] Account and activate MyChart, you can download the mobile app in order to access MyChart on your smartphone without having to login through your [REDacted] account each time.

*This is an example of available applications. This is included in the email sent to patients on the previous slide.
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 Help Desk at 1-877-546-7541.

*Apple Health is connected to CareNotify via an API. This information was distributed to patients via email.
The Opt-Out Patient Audit Log must include only patients that had a visit during the PI (EHR) reporting period.

Additional documentation to validate the accuracy of the audit log may be requested if selected for post-payment audit. For example, a copy of the document the patient signs stating he/she opts-out.
Objective 6, Measure 3: Coordination of Care through Patient Engagement*

• Percentage-based standard documentation (see slide 19).
• Upload an explanation** of what patient generated health data is being utilized and how the CEHRT is capturing that data.

*For additional information see the Coordination of Care webinar. To access the webinar click on the link, then click the drop down arrow labeled “Educational Resources”.

**Additional documentation may be requested after review of the provider’s methodology.
Yes/No Documentation
Standard Documentation: Yes/No Measures

• Documentation to support yes/no measures must be submitted.
• The CEHRT dashboard alone cannot be used to support these measures.
• Documentation could include:
  o Screen shots from the CEHRT or vendor letters to support the applicable functionalities were enabled or the actions required were performed.
  o Documentation submitted should:
    ▪ Include the provider and/or practice name, as applicable;
    ▪ Reflect results for the measure;
    ▪ Be clearly legible; and
    ▪ Reflect the date the requirement was met (see next slide).
Standard Documentation: Yes/No Measures Continued

• The appropriate date* of supporting documentation varies depending on the measure.
  
  o **Security Risk Analysis (SRA) (Objective 1):** The SRA must be completed on or after the end of the PI (EHR) reporting period and no later than December 31, 2020.
  
  o **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.
  
  o **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 40 for the appropriate date for each active engagement option.
Objective 1: Protect Patient Health Information Date

- The SRA must be completed on or after the end of the PI (EHR) reporting period and no later than December 31, 2020 and must show date completed.

<table>
<thead>
<tr>
<th>Program Year</th>
<th>PI Reporting Period</th>
<th>When do I complete the Annual SRA?</th>
</tr>
</thead>
<tbody>
<tr>
<td>2020</td>
<td>01.01.2020 – 03.31.2020</td>
<td>03.31.2020 – 12.31.2020</td>
</tr>
<tr>
<td>2020</td>
<td>06.01.2020 – 08.29.2020</td>
<td>08.29.2020 – 12.31.2020</td>
</tr>
<tr>
<td>2020</td>
<td>10.03.2020 – 12.31.2020</td>
<td>12.31.2020</td>
</tr>
</tbody>
</table>

The SRA report **must** include the completion date (Month/Day/Year).
Objective 3, Measure 1: Documentation for Clinical Decision Support

• Documentation submitted should:
  o Include the provider and/or practice name;
  o Five CDS interventions related to four or more eCQMs* were enabled;
  o Be clearly legible; and
  o 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.
CDS Documentation Examples

*Ensure documentation includes the items listed on slide 32 and is dated appropriately.
CDS Documentation Examples

*Ensure documentation includes the items listed on slide 32 and is dated appropriately.
Objective 3, Measure 1: Clinical Decision Support

• 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.
  o System settings from during the PI (EHR) reporting period that demonstrate functionality was enabled prior to period and cannot be disabled.

• See additional information, on the CDS Tip Sheet.
Objective 3, Measure 2
Documentation for Drug-Drug & Drug-Allergy Interaction Checks

• Documentation submitted should:
  o Include the provider and/or practice name;
  o Drug-drug and drug-allergy interaction checks were enabled;
  o Be clearly legible; and
  o 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.
Objective 3, Measure 2
Exclusion Documentation for Drug-Drug & Drug-Allergy

• Exclusion: Writes fewer than 100 medication orders.
  o The CEHRT dashboard* shows that the EP wrote fewer than 100 medication orders during the PI (EHR) reporting period; or
  o 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 21.
*Ensure documentation includes the items listed on slide 36 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.

This screenshot supports that the provider had drug-drug interactions enabled during the PI (EHR) reporting period.
*Ensure documentation includes the items listed on slide 36 and is dated appropriately.
Objective 8: Documentation for Public Health Reporting

• Documentation must prove 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.

  o **Active Engagement Option 1:** The completion date can occur before calendar year 2020 if the EP has not progressed and is still in active engagement option 1, but no later than 60 days from the start of the PI (EHR) reporting period.

  o **Active Engagement Option 2:** The completion date can occur before calendar year 2020 if the EP has not progressed and is still in active engagement option 2.

  o **Active Engagement Option 3:** The completion date can occur before calendar year 2020 if the EP is still in active engagement option 3.
Objective 8: Documentation for Public Health Reporting

• **Active engagement documentation** (see slide 40)
  
  o 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 40).
  
  o Example of supporting documentation to meet this measure is on the upcoming slides.
Objective 8: Documentation for Public Health Reporting

- 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.

*Exclusions for measure 2 (Syndromic Surveillance) and measure 3 (Electronic Case Reporting) does not require any documentation.

**For example, a letter on the practice letter head explaining the reason or steps taken to determine why the EP meets the exclusion.
*Ensure documentation includes the items listed on slide 41 and is dated appropriately.
Immunization Documentation Example

*Ensure documentation includes the items listed on slide 41 and is dated appropriately.*
*Ensure documentation includes the items listed on slide 41 and is dated appropriately.
December 31, 2018

[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.

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://ehfr.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 41 and is dated appropriately.*
Clinical Data Registry Documentation Example

Memorandum

To: [Redacted]
CC: [Redacted]

From: DARTNet Institute
1265 E. Montview Blvd, Suite 127
Aurora, CO 80045

Date: 01/24/2019

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

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

- [Redacted]
- Original Registration Dates: 10/11/2016
- Registered Providers: 125
- Eligible Attestation Dates: 01/02/2018 - 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 41 and is dated appropriately.
## Objective 8: Summary of Appropriate Documents

<table>
<thead>
<tr>
<th>Registration</th>
<th>Testing and Validation</th>
<th>Production</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email confirmation from the ADHS Public Health MU Portal</td>
<td>Email communications with ADHS</td>
<td>Email communication with ADHS when EP is in production</td>
</tr>
<tr>
<td>Email/letter from ADHS with status</td>
<td>Onboarding meeting notes</td>
<td>Production acknowledgements of messages received</td>
</tr>
<tr>
<td></td>
<td>Acknowledgements of Messages received for testing</td>
<td>Submission report</td>
</tr>
<tr>
<td></td>
<td>Email/letter from ADHS with status</td>
<td>Email/letter from ADHS with status</td>
</tr>
</tbody>
</table>

*Examples of all the documents listed above were identified in the [ADHS Public Health Webinar](#). To access the webinar click on the link, then click the drop down arrow labeled “Educational Resources”.*
eCQM Documentation
Stage 3 eCQM Requirements

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

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

*Clinical Quality Measures Webinar*

*To access the webinar click on the link above, then click the drop down arrow labeled “Educational Resources”.*
Documentation Required

• Run an eCQM report from the CEHRT for the appropriate reporting period.
• Prove the eCQM data was calculated by 2015 Edition CEHRT.
  o The report must show the CEHRT name/edition; or
  o Screen shots demonstrating how the report was pulled from the CEHRT.
• The report should include the following:
  o The required number and type of eCQMs.
  o The numerator and denominator for each eCQM.
  o The provider name.
  o The proper reporting period.
    ▪ The eCQM reporting period is 90 days for all EPs.
    ▪ The eCQM reporting period must be within CY 2020.
*Ensure documentation includes the items listed on slide 51 and is dated appropriately.
Patient Volume Requirements
Patient Volume Overview

- **Patient Volume Reporting Period:**
  - The patient volume reporting period is 90 days for all EPs.
  - The patient volume reporting period must be within calendar year (CY) 2019.

- EP must have a Medicaid percentage threshold greater than or equal to 30% (20% for pediatricians with reduced payment).
  - **Numerator**: Is comprised of the total Medicaid encounters (Not including CHIP)
  - **Denominator**: is comprised of all payor encounters (including Medicaid and CHIP).

*Certain EPs are allowed to add the needy encounters to the numerator patient volume, see slide 57 for additional details.*
Medicaid Patient Volume Requirements

- **Medicaid Encounter**: Service on any one day to a Medicaid-enrolled individual, regardless of payment liability.
  - This includes zero-pay claims and encounters with patients in Title XXI-funded Medicaid expansions, but not separate CHIP programs.
Medicaid Patient Volume Requirements

- Providers attesting to Medicaid patient volume cannot be hospital-based.
  - **Hospital-based requirement**: A provider must have less than 90% of their Medicaid patient encounters in an inpatient hospital (POS 21) and emergency room (POS 23) setting in a 12-month period in the prior calendar year.

- A provider is exempt from the hospital-based requirement if the provider practices predominantly at an FQHC/RHC.
Needy Patient Volume Requirements

- Certain EPs are allowed to include the needy encounters to the Medicaid patient volume.
- Support having greater than or equal to **30% needy patient volume** (20% for pediatricians with reduced payment).
- **Needy Encounters:**
  - Medicaid patient encounters
  - CHIP patient encounters
  - Patient encounters for services rendered to an individual on any one day on a sliding scale or that were uncompensated.
Needy Patient Volume Requirements

• If attesting to needy patient volume, must meet the following definition.
  
  o **Practice predominantly**: A provider for whom the clinical location for over 50% of the EP’s total patient encounters over a period of 6 months in the prior calendar year must occur at an FQHC/RHC.
Patient Volume Requirements

• When reporting patient volume providers may choose to report individual patient volume or use the group’s patient volume.

• **Individual Patient Volume:**
  o Include encounters rendered by provider applying for payment.

• **Group Patient Volume:**
  o 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 reporting period.
Group Volume

• A **group** is defined as all locations and providers under a business entity. The single business entity can be linked by any of the following:
  o Multiple Employer Identification Number (TIN)
  o Multiple National Provider Identifier (NPI)
  o Multiple Group AHCCCS Provider Numbers
Documentation for Patient Volume

• **Medicaid patient volume** requirements and necessary documentation is detailed in the Report Layout for Medicaid Patient Volume tip sheet.

• **Needy patient volume** requirements and necessary documentation is detailed in the Report Layout for Needy Patient Volume tip sheet.
Other Eligibility Requirements
Physician Assistant (PA)

- Documentation to support a PA leads the practice. 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
- Supporting documentation may be requested by AHCCCS if needed.
Dear [Redacted]

The Physician Assistant information for [Redacted] and [Redacted] are as follows:

[Redacted], PA-C is the Clinical Director and also the lead PA at [Redacted].

[Redacted], PA-C is the Clinical Director and also the lead PA at [Redacted].

Both are PA led sites.

Sincerely,

[Redacted]

Chief Financial Officer

*Ensure documentation supports the requirement on slide 63.*
Audit Findings
What Happens During an Audit?

• All providers that receive a Medicaid PI incentive payment could potentially be selected by AHCCCS for post-payment audit.

• If selected, AHCCCS post-payment analysts will conduct a thorough review of the documentation attached to the EP’s attestation in ePIP to determine if it meets the program requirements.

• AHCCCS may have follow-up questions or make additional documentation requests.
Documentation Retention

• All documentation to support meaningful use is REQUIRED to be kept for a minimum of SIX YEARS after date of attestation.
Transmitting Patient Health Information (PHI)

• All documentation must be uploaded via ePIPI.

• If assistance is needed, please contact AHCCCS.

• **DO NOT** submit PHI via unsecure email.

• All documentation containing PHI **MUST** be transmitted **SECURELY**.
Common Audit Findings

• Failure to provide sufficient documentation for protecting electronic health information.
• The CEHRT dashboard does not show the PI (EHR) reporting period or EP name.
• Failure to maintain proper documentation and practice no longer has access to the CEHRT.
• Supporting documentation does not have the appropriate dates.
• Including data for the entire practice in the reported CEHRT report rather than data for the individual EP.
Resources

• CMS PY 2020 Stage 3 Tip Sheet
• CMS Broadband Access Exclusion
• Federal Final Rule - Modified Stage 2 and Stage 3
• Program Year 2020 Stage 3 FAQ*
• See AHCCCS website* for webinars and FAQs on all stage 3 requirements, along with other educational material to assist you with successfully attesting for the PI Program.

*To access the webinar or FAQ click on the appropriate link above, then click the drop down arrow labeled “Educational Resources”.
## Contact Information

<table>
<thead>
<tr>
<th>Agency</th>
<th>Help With</th>
<th>Email</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>AHCCCS</td>
<td>PI Program</td>
<td><a href="mailto:EHRIncentivePayments@azahcccs.gov">EHRIncentivePayments@azahcccs.gov</a></td>
<td>(602) 417-4333</td>
</tr>
<tr>
<td>Health Current</td>
<td>Educational Assistance &amp; Support</td>
<td><a href="mailto:ehr@healthcurrent.org">ehr@healthcurrent.org</a></td>
<td>(602) 688-7210</td>
</tr>
</tbody>
</table>
Questions?
Thank You.