Ohio | Medicaid Provider Incentive Program

Completing Your MPIP Attestation: Supporting Documentation

Overview

This tip sheet provides examples of the types of supporting documentation that may be requested during a pre-payment review in order to verify an eligible professional's (EP) or eligible hospital's (EH) Medicaid Provider Incentive Program (MPIP) attestation. EPs and EHs are encouraged to upload supporting documentation at the time of attestation.

As an EP or EH participating in the MPIP it is important to maintain auditable records to support your attestation.

In order to receive an incentive payment, EPs and EHs must show that they have adopted, implemented or upgraded to (AIU) certified EHR Technology (CEHRT) and are using it in a meaningful manner by reporting on meaningful use (MU) measures and clinical quality measures (CQMs). They must also meet other program eligibility requirements.

Documentation to support a providers MPIP attestation **should be retained for seven years** post-attestation.

Types of Supporting Documentation Requests

Providers may be asked to provide additional documentation to support their attestation. This document outlines what supporting documentation may be requested to verify:

- AIU/CEHRT
- Patient Volume
- Meaningful Use

The primary documentation that may be requested is the "source" document(s) that the provider used when completing their MPIP attestation. This documentation should, at a minimum, provide a summary of the data that supports the information entered during attestation.

AIU/CEHRT

Providers should maintain documentation to support their use of CEHRT for each program year. In order to verify a provider's certified EHR technology, every provider will be required to submit:

- An Original Contract/Agreement; **and**

- A Current Invoice or Purchase Order.

The supporting documents must demonstrate a legally and/or financially binding agreement between the provider and the EHR Vendor. Further the contract/agreement should be:

- Fully executed and signed by all parties;
- Dated after September 2010 (the first year that an EHR system was certified by the ONC); **and**
- Demonstrate a relationship to the attesting provider.

Contracts/Agreements Dated Prior to 2010

In those cases where a provider may have purchased an EHR system prior to September 2010, and have a contract/agreement that is dated prior to September 2010, MPIP will request additional documentation that shows that the system was upgraded to a certified EHR system. We may request one or more of the following:

- Amended Contract/Agreement;
- Current Invoice or Purchase Order.

CEHRT Acquired through a Third Party

Providers that acquire their CEHRT from a third party other than directly from an EHR vendor should submit all of the following documentation:

- Contract/Agreement demonstrating the relationship between the provider and the third party;
- Contract/Agreement demonstrating a relationship between the third party and the EHR vendor; **and**
- Current Purchase Order or Invoice.

Free EHR Software

Providers that have acquired free EHR software may or may not have a contract. In the case where a contract is not present, providers should submit the following documentation:

- End-user agreement; **and**
- Welcome email from EHR vendor confirming EHR acceptance; **or**
- Screenshot after completing electronic signature.

This information is not intended to replace, change or obsolete any provisions of the published federal regulations at 42 CFR Part 495 or the Ohio Administrative Code department rules.

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New CEHRT IDs

Supporting documentation is required when the CEHRT ID that the provider attested to in a prior year changes. The CEHRT ID may change, for example because of a system upgrade or the purchase of a new EHR. In 2014, it is expected that all CEHRT IDs will change, as all providers will be upgrading to 2014 certified systems.

The following documentation will be accepted for providers who have already submitted, a legally and financially binding contract/agreement and current invoice or purchase order:

- A vendor letter confirming the upgrade. This is the only case where a vendor letter alone in acceptable.

NOTE: If a provider switches EHR vendors, the provider will be required to submit the new contract and a current invoice or purchase order.

Patient Volume

Providers will be asked to submit a report with the following information to support their patient volume attestation:

- Provider's Name
- Provider's Medicaid ID
- Provider NPI
- Encounter Details (encounter details should support both the numerator and the denominator):
  - Date of Service
  - Unique Patient Identifier (i.e. Patient Medicaid ID, Internal Patient ID)
  - Payer (i.e. Medicaid FFS, Managed Care, Commercial Insurer, Medicare, etc…)
  - Out of State Encounters, if applicable
  - Zero-Pay Encounters (include payment status, i.e. paid, denied etc.), if applicable
  - In the case where needy individual patient volume is used, please also include encounter data where services were furnished at no cost or on a sliding fee scale.

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Meaningful Use—Stage 1

To support meaningful use attestation, providers should use a report from the certified EHR system, but other documentation may be used if a report is not available. Providers who use documentation other than a report from the certified EHR system to complete their attestation should retain all documentation that demonstrates how the data was accumulated and calculated.

Primary documentation should include, at minimum:

- The numerators and denominators for the measures, if applicable;
- The time period the report covers ; and
- Evidence to support that it was generated for that EP or EH (e.g., identified by National Provider Identifier (NPI), CMS Certification Number (CCN), provider name, practice name, etc.)
- Screen shots from EHR system, where appropriate.

Because some certified EHR systems are unable to generate reports that limit the calculation of measures to a prior time period, it is recommended that providers download and/or print a copy of the report used at the time of attestation for their records.

The following are examples of documentation that may be requested to support a providers MU attestation:

Numerator/Denominator Measures (Core and Menu)

For the numerator/denominator measures (i.e. CPOE; maintain problem list; e-prescribing; active medication list; medication allergy list; record demographics; record vital signs; record smoking status; provide electronic copy of health information; provide clinical summaries; incorporate clinical lab test results; patient reminders; patient electronic access; patient-specific education resources; medication reconciliation; transition of care summary), an EHR-generated summary MU report, if available, that shows the numerator and denominator for each measure reported. If some measures are not included in the summary report, please generate separate reports or other auditable documentation for those measures. For example, screenshots showing an MU dashboard with reported measures/values would also be acceptable.

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Yes/No Measures (Core and Menu)

For the yes/no measures (i.e. drug/drug and drug/allergy checks; clinical decision support (CDS) rule; security risk analysis; drug formulary checks; generate patient lists), the following are examples of documentation that may be required:

- Drug/drug and drug/allergy interaction checks enabled: Documentation, such as a screenshot or configuration page showing this functionality has been turned on for the length of the EHR reporting period.
- Implement CDS rule: Screenshot or other documentation showing a CDS rule has been configured. For example, you might upload a screenshot from your EHR configuration panel showing a CDS rule has been implemented.
- Conduct security risk analysis: Copy of security risk analysis documentation. For example, a copy of the security analysis conducted and recommendations to resolve finding (a Corrective Action Plan), if necessary.
- Generate patient lists: Screenshot of the list or upload the actual list (personal health information (PHI) must first be removed in all cases).
- Drug formulary checks: an auditable record demonstrating that this measure was achieved.

Public Health Measures (Core and Menu)

For public health measures (i.e. immunizations, syndromic surveillance, electronic lab reporting (ELR)) providers may be asked to provide acknowledgement/confirmation (email, letter, etc.) received from the Ohio Department of Health (ODH) that test was successful or failed, proof of ongoing submission, or proof of meeting any applicable exclusion.

For more information about Public Health Measures, visit the ODH Meaningful Use Website at: http://www.odh.ohio.gov/healthstats/HIT/HIT%20and%20Meaningful%20Use.aspx

Exclusions

Supporting documentation for meeting any applicable exclusion may include a report from the certified EHR system that shows a zero denominator for the measure or otherwise documents that the provider qualifies for the exclusion.

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Clinical Quality Measures (CQMs)

Providers should retain a report from the certified EHR system to validate all clinical quality measure data entered during attestation, since all clinical quality measure data must be reported directly from the certified EHR system.

Additional Resources

- For additional information, tip sheets and resources, please visit the MPIP Website at http://medicaid.ohio.gov/PROVIDERS/MedicaidProviderIncentiveProgram.aspx.
- For more information on MU documentation or other program questions, contact MPIP@Medicaid.Ohio.gov or call the MPIP help desk at 1-877-537-MPIP.

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