Ohio | Medicaid Provider Incentive Program

2017 MPIP Attestation
Supporting Documentation

Overview

As an eligible professional (EP) or eligible hospital (EH) participating in the Medicaid Provider Incentive Program (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 1, 2010 (the first year that an EHR system was certified by the ONC); **and**
- Demonstrate a relationship to the attesting provider.

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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 1, 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.

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 system. In program year 2017, providers may attest to separate versions of CEHRT (2014 or 2015 Edition) used to report MU objectives and measures and CQMs. This option applies to both Modified Stage 2 and Stage 3 attestations as long as the EHR technology can support the functionalities, objectives and measures required for Stage 3.

For 2017, the CEHRT reporting options are:

- Attest to using 2014 CEHRT
- Attest to using 2015 CEHRT

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- Attest to using 2014 CEHRT for MU Objectives and 2015 CEHRT for CQMs.

NOTE: This will affect the EP and Medicaid-Only (MO) EH attestations.

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.

Meaningful Use—Modified Stage 2 / Stage 3

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.

During a pre-payment review, the following are examples of documentation that may be requested to support a providers MU attestation.

Numerator / Denominator Measures

For the numerator/denominator measures (i.e. CPOE; e-prescribing; summary of care/ health information exchange; patient-specific education resources; medication reconciliation; and patient electronic access (VDT)) 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.

Yes / No Measures

For the yes/no measures (i.e. protect electronic health information; clinical decision support (CDS)), the following are examples of documentation that may be required:

- 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.
- Protect Electronic Health Information: 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.

Public Health Measures

Reporting to the Public Health Agency (PHA)

For public health measures (i.e. immunizations, syndromic surveillance reporting, and the cancer case reporting option for specialized registries), providers may be asked to provide an

acknowledgement or confirmation from the Ohio Department of Health (ODH) that the EP is in active engagement with ODH to submit immunization/syndromic/cancer data. EPs should obtain documentation of their active engagement status in the form of their "Meaningful Use Status Report" found at www.OhioPublicHealthReporting.info . EPs may also provide 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.

Reporting for Specialized Registries not affiliated with a PHA (all specialized registries except cancer case reporting)

For the Specialized Registry measure, providers may be asked to provide an acknowledgement or confirmation (email, letter, etc.) from the individual Specialized Registry that demonstrates the EP is in active engagement with the specialized registry.

Due Diligence

Providers should take a few steps to meet due diligence in determining if there is a registry available for them, or if they meet the exclusion criteria.

1. A provider should check with their State to determine if there is an available specialized registry maintained by a public health agency.
    - Confirm provider does not provide treatment or diagnostic services to cancer patients.
2. A provider should check with any specialty society with which they are affiliated to determine if the society maintains or endorses a specialized registry.

If the provider has determined that no specialized registry is available through the State or National level (i.e. CDC, professional society sponsored registry) please provide supporting documentation. Supporting documentation may include:

- Proof that the provider is affiliated with a professional society and a copy of the society's policy on specialized registries.
- Proof that the provider is affiliated with a professional society and email correspondence with a professional society that indicates the organization does not endorse or participate in a specialty society.
- Proof that the provider is affiliated with a professional society and a screenshot of the society website (dated) that includes the Specialized Registry Policy

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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.

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 related questions, contact MPIP@Medicaid.Ohio.gov or call the MPIP help desk at 1-877-537-MPIP.

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