Program Year 2021 Documentation Retention

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March 2021

AHCCCS
Arizona Health Care Cost Containment System

Stage 3 Learning Objectives

- Understand what documentation must be submitted for PY 2021.
- 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 2021.
- 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.
  - 5 objectives are percentage-based measures
  - 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 2021 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) 2021 and the end of the PI (EHR) reporting period must fall **on or before** October 31, 2021.
- **eCQM Reporting Period:**
  - The eCQM reporting period is 90 days for all EPs.
  - The eCQM reporting period must be within CY 2021 and the end of the eCQM reporting period must fall **on or before** October 31, 2021.

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

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

*Additional documentation may be needed if exclusion is claimed.

Stage 3 Compliance Summary

#	Objective	Compliance	EP State Exceptions	Exclusions	Measure
1	Protect Patient Health Information	All EPs	No Exceptions	No Exclusions Available	N/A
2	Electronic Prescribing	All EPs	No Exceptions	Exclusion Available	M1
3	Clinical Decision Support	All EPs	No Exceptions	Exclusion Available for M2	M1, M2
4	Computerized Provider Order Entry	All EPs	No Exceptions	Exclusion Available	M1, M2, M3
5	Patient Electronic Access	All EPs	No Exceptions	Exclusion Available	M1, M2
6	Coordination of Care	All EPs	No Exceptions	Exclusion Available	M1, M2, M3
7	Health Information Exchange	All EPs	No Exceptions	Exclusion Available	M1, M2, M3
8	Registry Reporting (PHR/CDR)	**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 Exception for Arizona EPs not in Specialty List (7)	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*

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

***Additional documentation needed for exclusions.**

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


2015 Edition CEHRT

AHCCCS
Arizona Health Care Cost Containment System

2015 Edition CEHRT

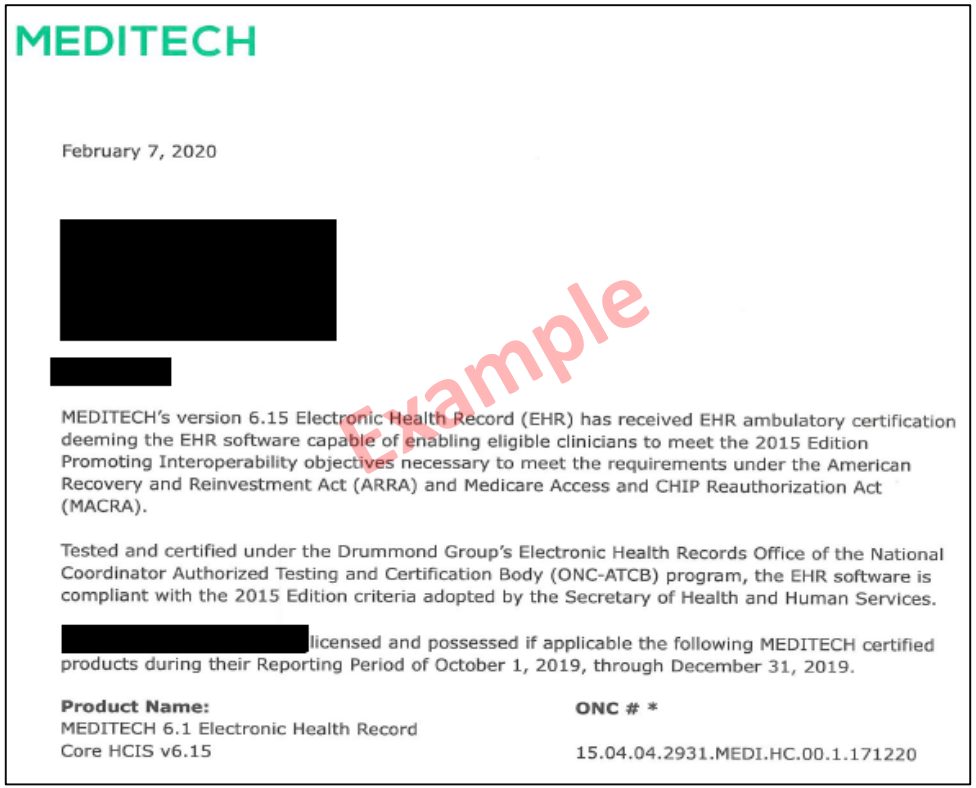
- EPs must use 2015 Edition CEHRT for PY 2021.
- **The 2015 Edition CEHRT did not have to be implemented on January 1, 2021.**
  - The CEHRT must be implemented by the **first day of the PI (EHR) reporting period**.
  - The CEHRT must be certified by ONC as a 2015 Edition product by the **last day of 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

- EPs must use 2015 Edition CEHRT for PY 2021.
- CEHRT documentation should include:
  - Date the 2015 edition CEHRT was implemented;
  - Edition number; and
  - Practice name.
- Examples: CEHRT contract, vendor letter, etc.

Documentation Example



MEDITECH

February 7, 2020

[redacted]

[redacted]

Example

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.

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

Product Name:	**ONC # ***
MEDITECH 6.1 Electronic Health Record Core HCIS v6.15	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.
  - 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:
  - Patient name or unique identifier
  - Date of service
  - Date of birth
  - Location name
  - 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*

Patient ID	Patient DOB	Patient DOS	Location Name	In CEHRT
111	9/9/2000	10/1/2021	Phoenix Office	Yes
112	3/21/1996	10/2/2021	Phoenix Office	Yes
113	5/2/1985	10/3/2021	Phoenix Office	Yes
114	6/4/1990	10/4/2021	Tucson Office	No
115	7/2/1995	10/10/2021	Phoenix Office	Yes
116	10/11/1975	10/10/2021	Tucson Office	No
117	5/9/1965	10/10/2021	Phoenix Office	Yes
118	11/20/1973	10/10/2021	Phoenix Office	Yes
119	8/9/1983	10/10/2021	Phoenix Office	Yes
120	12/2/1979	10/10/2021	Phoenix Office	Yes

*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:
  - Reflect the correct PI (EHR) reporting period;
  - Include the provider name;
  - Reflect all percentage-based measures; and
    - Numerators**
    - Denominators
    - Measure Percentages
  - 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

Objective Measures Summary

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

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

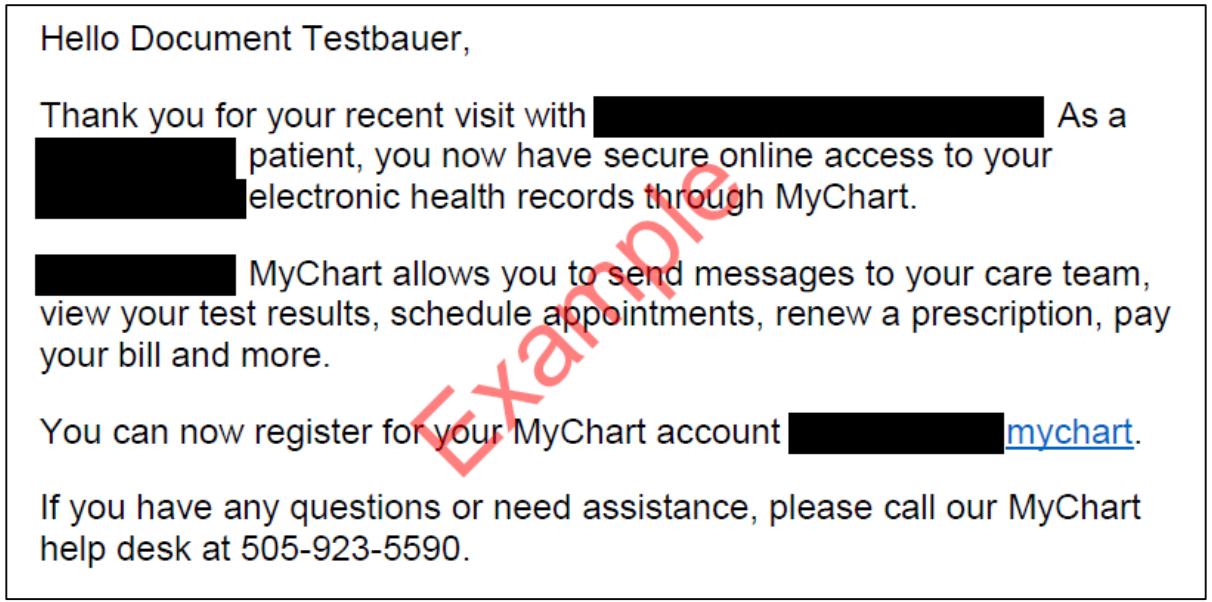
*Ensure documentation includes the items listed on slide 19 and is dated appropriately.

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.

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.

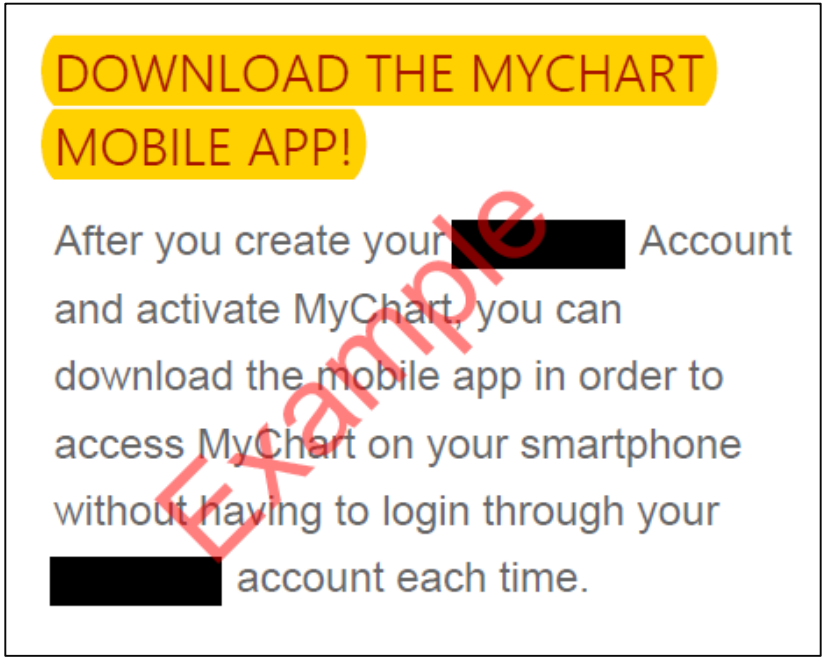
[redacted] MyChart allows you to send messages to your care team, view your test results, schedule appointments, renew a prescription, pay your bill and more.

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.

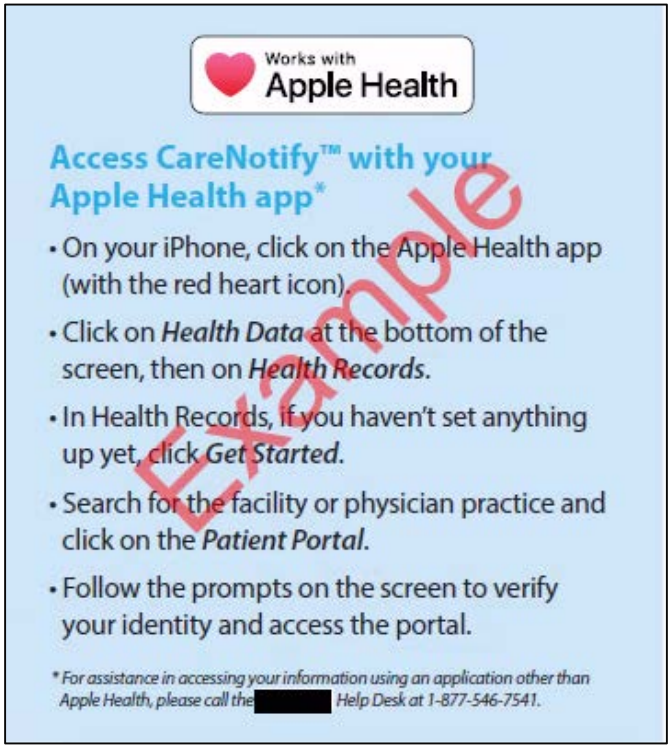
*Practice confirmed that the information above is emailed to every patient immediately after the visit. MyChart is connected to the practice's CEHRT via an API.

Documentation Examples – Available Applications



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

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.*

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

Documentation Examples - Opt-Out Patient Audit Log

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

- 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.

**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:
  - Screen shots from the CEHRT or vendor letters to support the applicable functionalities were enabled or the actions required were performed.
  - 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.
  - **Security Risk Analysis (SRA) (Objective 1):** The SRA must be completed in CY 2021 and no later than December 31, 2021.
  - **Clinical Decision Support Rule (CDS) and Drug-Drug and Drug-Allergy Interaction Checks:** 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 40 for the appropriate date for each active engagement option.

Protect Patient Health Information

- The SRA must be completed in CY 2021 and no later than **December 31, 2021** and must show date completed.
- Attestations for Program Year 2021 will close October 31, 2021. An EP is allowed to submit the SRA after the attestation close date.*
  - The SRA **must** be submitted by **January 14, 2022**.
  - The EP's incentive payment will be recouped if the SRA is not submitted by January 14, 2022 or does not meet all of the SRA requirements.
- **The SRA report must include the completion date (Month/Day/Year).**

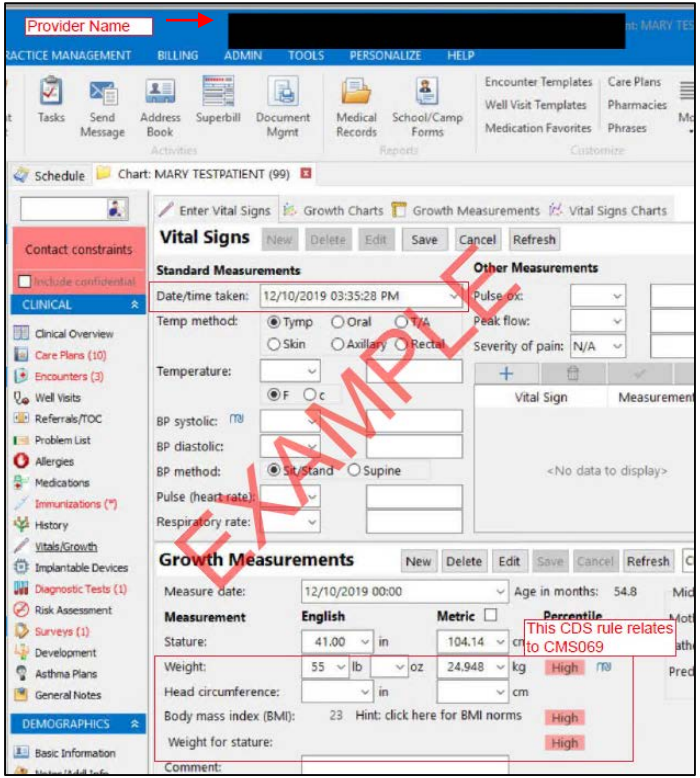
*AHCCCS recommends that the EP completes, dates and submits the SRA by October 31, 2021 or as soon as possible.

Objective 3, Measure 1: Documentation for 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.

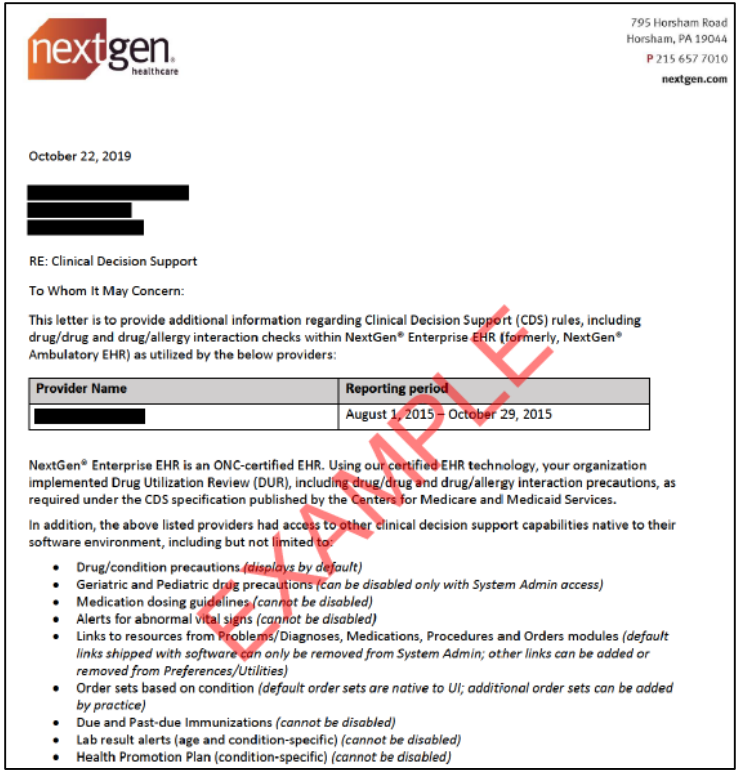
*Absent four eCQMs related to an EPs scope of practice or patient population, the CDS interventions must be related to high-priority health conditions.

CDS Documentation Examples



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

CDS Documentation Examples



nextgen healthcare

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 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.
  - 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

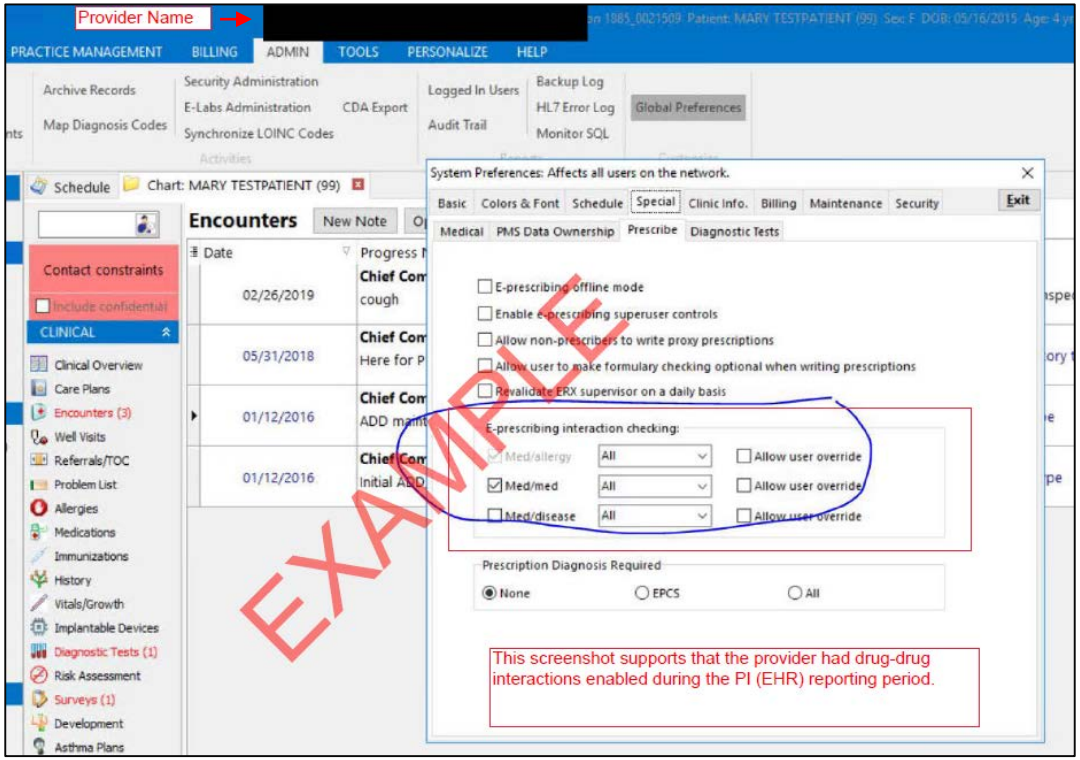
- Documentation submitted should:
  - Include the provider and/or practice name;
  - Drug-drug and drug-allergy interaction checks were enabled;
  - Be clearly legible; and
  - Reflect the date the requirement was met during the PI (EHR) reporting period.
- For example, screen shots from the CEHRT or vendor letters to support drug-drug and drug-allergy interaction checks were enabled.

Objective 3, 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.

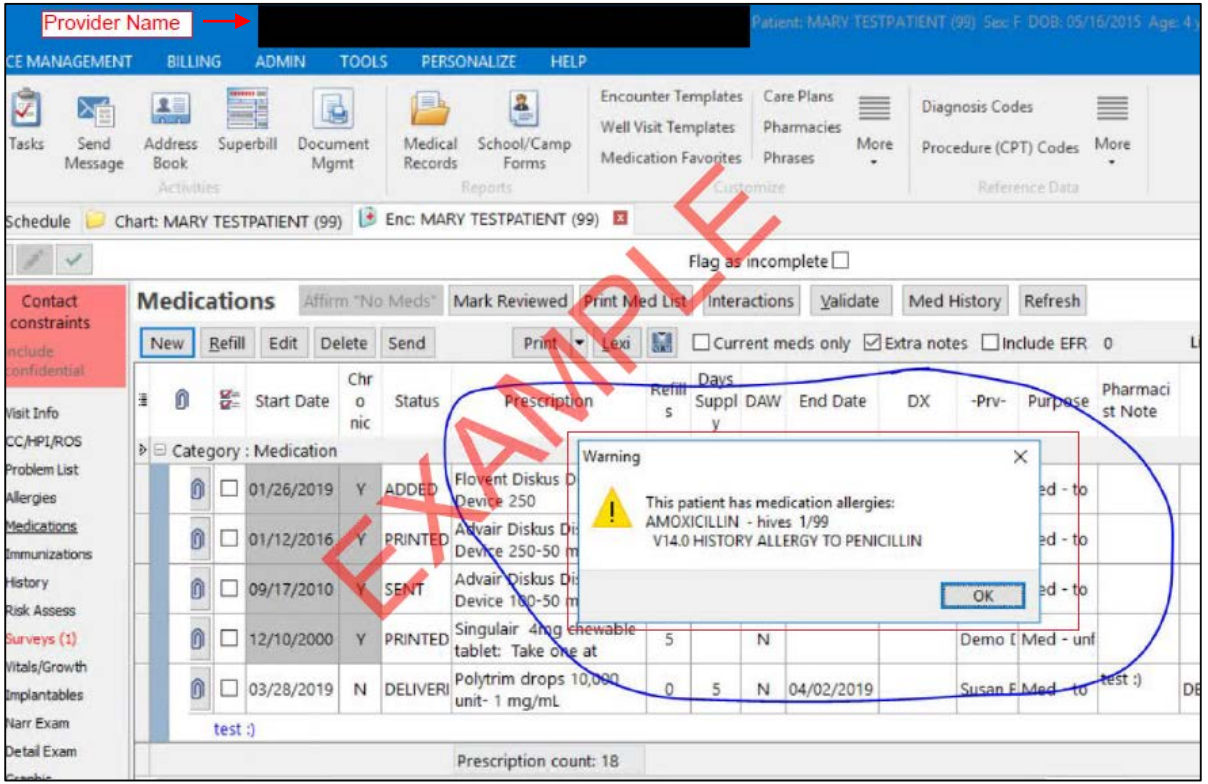
*Example of appropriate CEHRT dashboard is on slide 21.

Drug-Drug & Drug-Allergy Documentation Examples



*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.

Drug-Drug & Drug-Allergy Documentation Examples



*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.

  - **Active Engagement Option 1:** The completion date can occur before calendar year 2021 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.

  - **Active Engagement Option 2:** The completion date can occur before calendar year 2021 if the EP has not progressed and is still in active engagement option 2.

  - **Active Engagement Option 3:** The completion date can occur before calendar year 2021 if the EP is still in active engagement option 3.

Objective 8:
Documentation for Public Health Reporting

- **Active engagement documentation** (see slide 40)
  - 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).
  - Example of supporting documentation to meet this measure is on the upcoming slides.

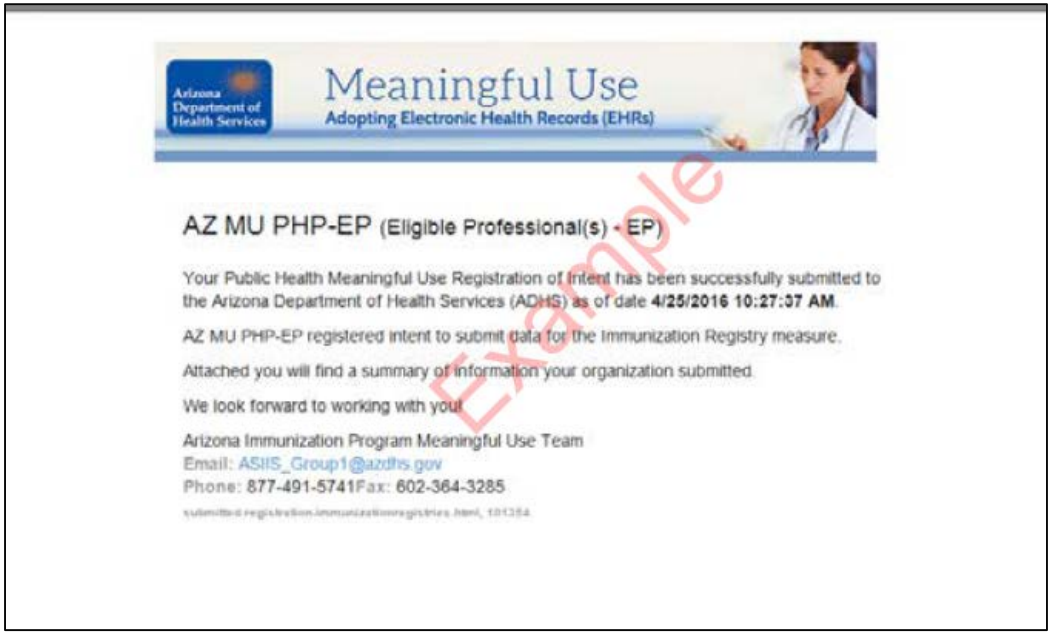
Objective 8:
Documentation for Public Health Reporting

- **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.

Immunization Documentation Example



*Ensure documentation includes the items listed on slide 41 and is dated appropriately.

Immunization Documentation Example

Provider HL7 Live Interface Inbox ×

Roger Aikin
to me

1:59 PM (35 minutes ago)

Provider

DATE

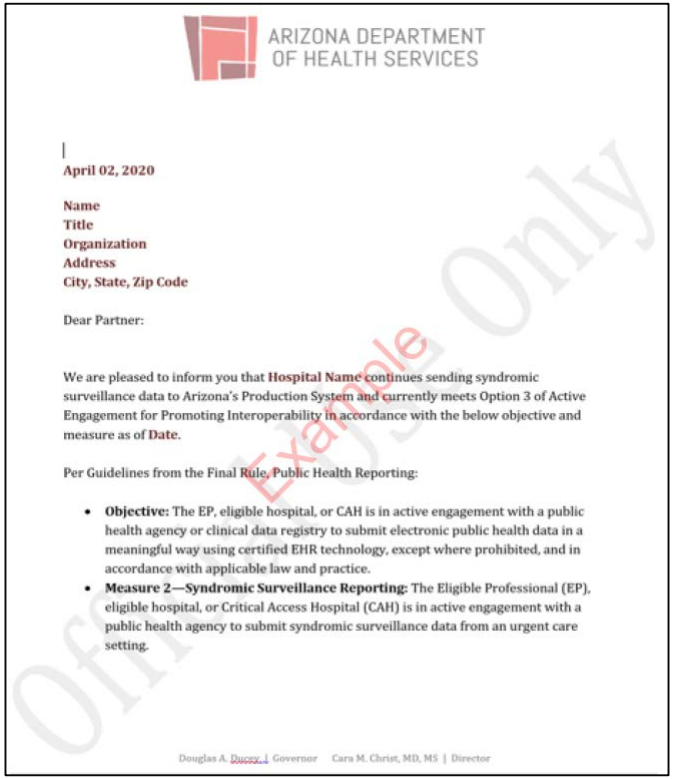
Dear **Provider,**

Provider registered intent with Arizona State Immunization Information System to provide ongoing submission of immunization data on **registration date. Provider** have been continuously providing Immunization messages to ASIIS via an HL7 2.5.1 Interface since **Go-live Date**. **Provider** has been actively engaged and continued to report during **year**.

Roger Aikin
ASIIS Interoperability Coordinator
Arizona Department of Health Services
150 N. 18th Ave., Suite 120
Phoenix, AZ 85007
(602) 542-8901
Health and Wellness for all Arizonans

*Ensure documentation includes the items listed on slide 41 and is dated appropriately.

Syndromic Surveillance Documentation Example



ARIZONA DEPARTMENT
OF HEALTH SERVICES

April 02, 2020

Name
Title
Organization
Address
City, State, Zip Code

Dear Partner:

We are pleased to inform you that **Hospital Name** continues sending syndromic surveillance data to Arizona's Production System and currently meets Option 3 of Active Engagement for Promoting Interoperability in accordance with the below objective and measure as of **Date**.

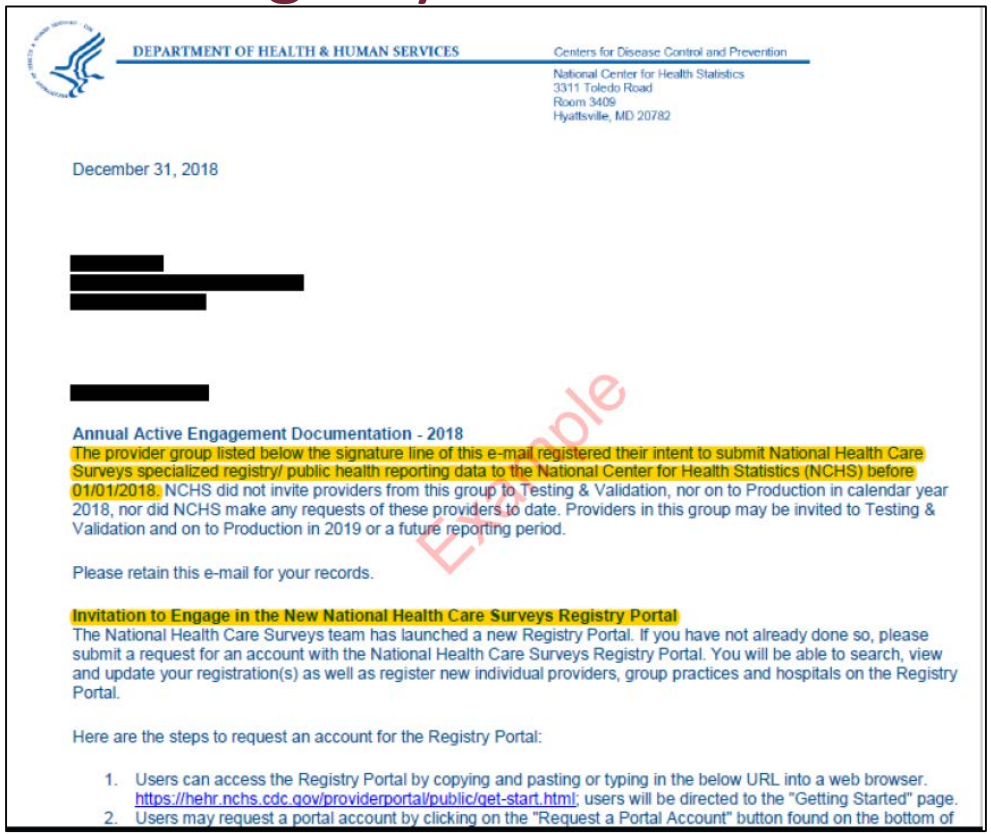
Per Guidelines from the Final Rule, Public Health Reporting:

- **Objective:** The EP, eligible hospital, or CAH is in active engagement with a public health agency or clinical data registry to submit electronic public health data in a meaningful way using certified EHR technology, except where prohibited, and in accordance with applicable law and practice.
- **Measure 2—Syndromic Surveillance Reporting:** The Eligible Professional (EP), eligible hospital, or Critical Access Hospital (CAH) is in active engagement with a public health agency to submit syndromic surveillance data from an urgent care setting.

Douglas A. Ducey | Governor Cara M. Christ, MD, MS | Director

*Ensure documentation includes the items listed on slide 41 and is dated appropriately.

Public Health Registry 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]

Example

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://nehr.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

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 41 and is dated appropriately.

Objective 8:
Summary of Appropriate Documents

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

*Examples of all the documents listed above were identified in the ADHS Public Health Webinar**.
**The ADHS Public Health Webinar has not been updated since PY 2020 but the requirements except for the date have remained the same.


eCQM Documentation

Stage 3 eCQM Requirements

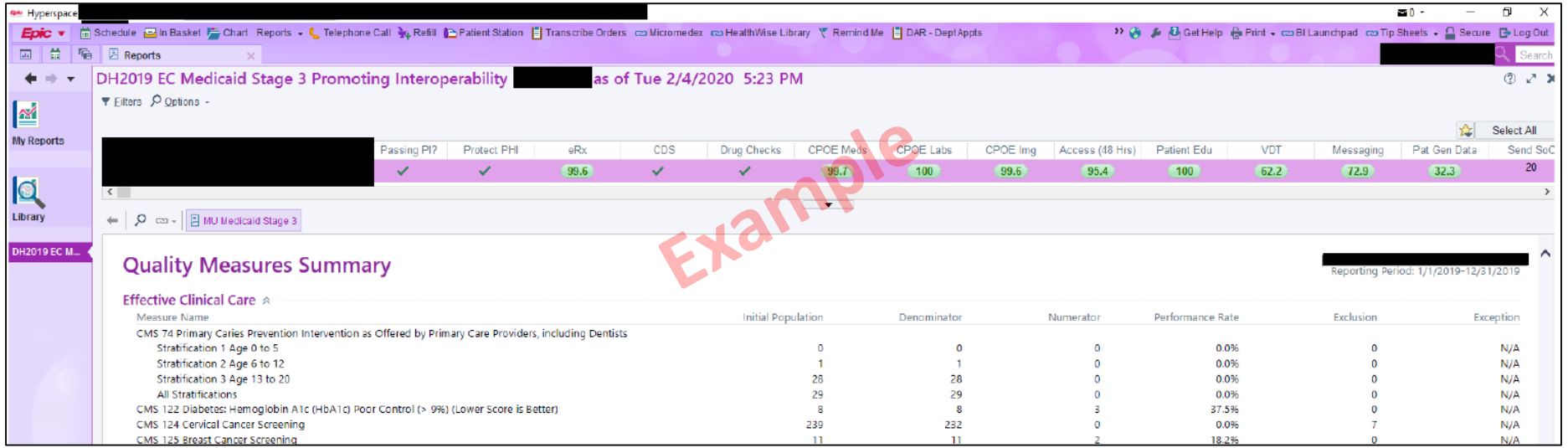
- EPs must attest to **6** out of 47 available eCQMs.
  - 6 outcome measures
  - 27 high priority measures
  - 14 remaining measures
- **Priority Level 1**: If relevant, at least one eCQM should be an outcome measure.
  - **Priority Level 2**: If no outcome measure is relevant, at least one eCQM should be a high priority measure.
    - **Priority Level 3**: If no outcome or high priority measures are relevant, report on relevant measures if possible.

Clinical Quality Measures Webinar

Documentation Required

- Run an eCQM report from the CEHRT for the appropriate reporting period.
- Prove the eCQM data was calculated by 2015 Edition CEHRT.
  - The report must show the CEHRT name/edition; 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 provider name.
  - The proper reporting period.
    - The eCQM reporting period is 90 days for all EPs.
    - The eCQM reporting period must be within CY 2021 and the end of the eCQM reporting period must fall **on or before** October 31, 2021.

eCQM Documentation Example



*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) 2020.
- 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.
  - **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**:
  - Include encounters rendered by provider applying for payment.

- **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 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:
  - Multiple Employer Identification Number (TIN)
  - Multiple National Provider Identifier (NPI)
  - 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.

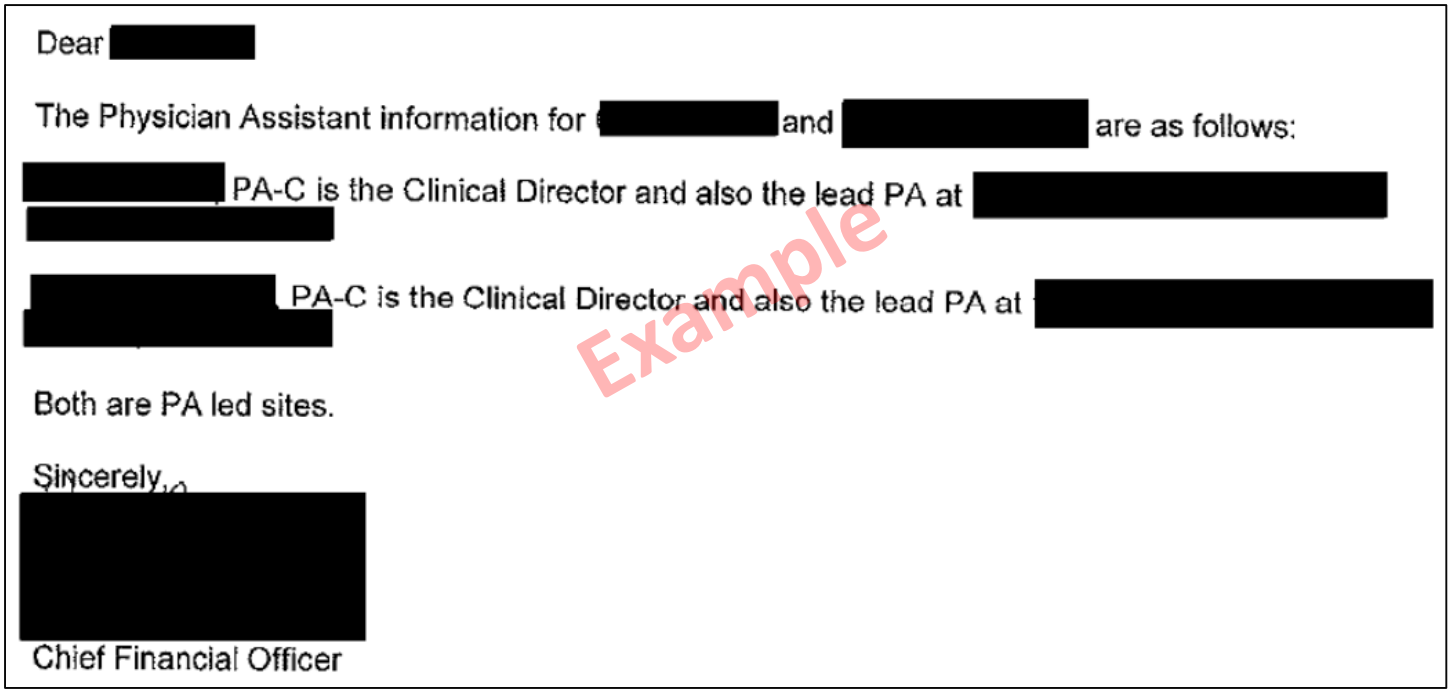


Other Eligibility Requirements

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.

PA-Led Documentation Example



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]

Example

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 ePIP**.
- 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 2021 Stage 3 Tip Sheet
- CMS Broadband Access Exclusion
- Federal Final Rule - Modified Stage 2 and Stage 3
- Program Year 2021 Stage 3 FAQ
- See AHCCCS website for webinars* and FAQs** on all stage 3 objectives and corresponding measures, along with other educational material to assist you with successfully attesting for the PI Program

*To access the webinar click on the link above, then click the drop down arrow labeled “Webinars for MU Objectives & eCQMs”.

**To access the FAQs click on the link above, then click on the drop down arrow labeled "Frequently Asked Questions".

Important Dates

Item	Date
Webinar: PY 2021 Checklist – Open Forum	April 29, 2021
Webinar: Objective 1 (Protect Patient Health Information) and Objective 8 (Public Health and Clinical Data Registry Reporting) – Open Forum	May 20, 2021
Webinar: Objective 7 (Health Information Exchange) – Open Forum	June 24, 2021
Webinar: Objective 5 (Patient Electronic Access) and Objective 6 (Coordination of Care) – Open Forum	July 29, 2021
Webinar: Objective 2 (Electronic Prescribing), Objective 3 (Clinical Decision Support), and Objective 4 (Computerized Provider Order Entry) – Open Forum	August 26, 2021
Webinar: Documentation and Program Closure – Open Forum	September 16, 2021
Webinar: Post-pay Audit Focus – Open Forum	September 30, 2021
Last day to submit Program Year 2020 and Program Year 2021 attestations	**October 31, 2021**
Last day to submit SRA*	**January 14, 2022**

*AHCCCS recommends that the EP completes, dates and submits the SRA by October 31, 2021 or as soon as possible.

Contact Information

Agency	Help With	Email	Phone
AHCCCS	PI Program	EHRIncentivePayments@azahcccs.gov	(602) 417-4333
Health Current	Educational Assistance & Support	ehr@healthcurrent.org	(602) 688-7210

Questions?

Thank You.