Documentation Retention

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Meaningful Use Requirements

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MU Requirements

- **Modified Stage 2 Meaningful Use**
  - 10 objectives and their related measures meet the requirements.
    - 7 Objectives are percentage-based requirements
    - 3 Objectives are "yes" requirements
  - Selected exclusions meet the requirements.
  - CEHRT system reports on the required number of CQMs for the program year.
  - Provider maintained at least 50% of all patient's records in CEHRT
  - Provider performed at least 50% of all encounters at locations with CEHRT.

MU Requirements

- **Stage 3 Meaningful Use**
  - o 8 objectives and their related measures meet the requirements.
    - ▪ 5 Objectives are percentage-based requirements
    - ▪ 3 Objectives are yes/no requirements
  - o Selected exclusions meet the requirements.
  - o CEHRT system reports on the required number of CQMs for the program year (Please note for Stage 3, a 2015 Edition CEHRT or combination of 2014/2015 is required).
  - o **Provider maintained at least 80% of all patient's records in CEHRT**
  - o Provider performed at least 50% of all encounters at locations with CEHRT.

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What Kinds of Documentation Must I Submit?

- **Percentage-Based Measures**
  - Dashboard report from the CEHRT, ensure the following requirements are shown on the dashboard report:
    - Correct MU reporting period
    - Provider name AND
    - Contains all attested measures
  - If the provider meets an exclusion for a percentage-based measure, appropriate documentation should be submitted.

What Kinds of Documentation Must I Submit?

- **Clinical Quality Measures (CQM)**
  - The report must show it was pulled from the CEHRT
  - Contains the necessary number of CQMs AND
  - Correct CQM reporting period
    - The CQM reporting period will be 90-days for EPs attesting to their first year of MU.
    - The CQM reporting period will be 365-days for returning EPs that have already attested to MU in a prior year.

What Kinds of Documentation Must I Submit?

- **Yes/No Measures**
  - Documentation should include screen shots from the CEHRT or vendor letters to support the applicable functionalities were enabled or the actions required were performed. Documents are checked for the following requirements:
    - Provider and/or practice name, as applicable
    - Documentation legible AND
    - Dated appropriately – see next slide

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What Kinds of Documentation Must I Submit?

- **Yes/No Measures Continued**
  - Dated appropriately
    - SRA: The SRA must be completed on or after the end of the PI reporting period and must be conducted within the calendar year of the program year.
    - Clinical Decision Support Rule and Drug-Drug and Drug-Allergy Interaction Checks: Dated during the PI reporting period.
    - Public Health Measures: Dated prior to the end of the MU reporting period.
      - Providers that have registered in previous years can utilize that registration to meet active engagement option 1.

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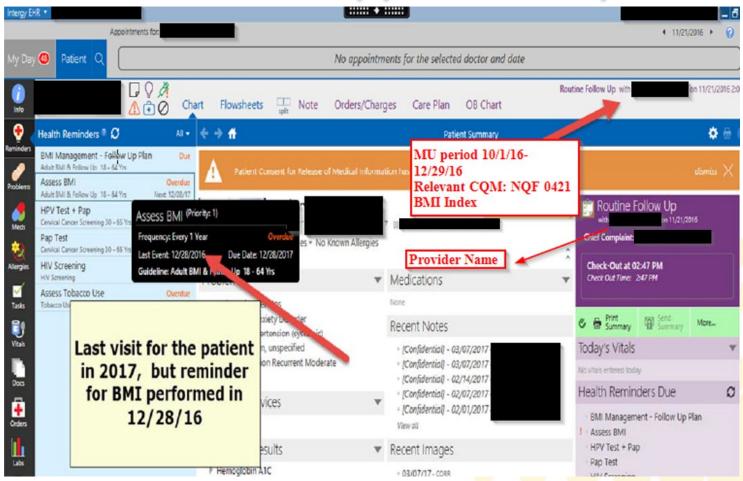Arizona Health Care Cost Containment System

Clinical Decision Support Example

- The screen shot on following slide shows one CDS rule implemented that is relevant to a CQM. In order to meet this measure 4 more CDS rules must be supported.

- The CDS rules must relate to 4 or more CQMs.

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Clinical Decision Support Example

Clinical Decision Support Example

- Other types of documents can support CDS rules as long as the it supports 5 CDS rules related to 4 or more CQMs were implemented during the reporting period

- Examples include:
  - o Vendor letter confirming functionality enabled
  - o System settings from during the MU period demonstrating functionality was enabled prior to period and cannot be disabled

Immunization Example

- The provider may receive a formal letter from Arizona State Immunization Information System (ASIIS) confirming immunization registration or an email similar to the one on the following slide.

Immunization Example

From: Roger Aikin <Roger.Aikin@azdhs.gov>
Sent: Wednesday, August 30, 2017 8:28 AM
To: ████████████
Cc:
Subject: ████ HL7 Interface Live Status
Attachments: ████-2017.pdf

████████████████████

August 30, 2017

Dear ████

████████████████████ registered intent with Arizona State Immunization Information System to provide ongoing submission of immunization data on December 9, 2013. ████████████████████████ have been continuously providing Immunization messages to ASIIS via an HL7 2.5.1 Interface since April 29, 2015. ████████████ ████████████████ has been actively engaged and continued to report during 2017.

Attached is a Provider Submission Report for 2017.

Best Regards,

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

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What Kinds of Documentation Must I Submit?

- **Exclusions**
  - o If the provider meets an exclusion for a measure, appropriate documentation should be submitted.
  - o Screen shot on the following slide shows that the provider meets the exclusion due to transferring less than 100 patients to another setting or referring a patient to another provider during the PI reporting period.

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Exclusion Example

eClinicalWorks

Measure Id	Measure Name	Denominator	Numerator	Exclusion
	Report Start Date: 10/03/2017			
	Report End Date: 12/31/2017			
OBJ 3-1	CPOE - Medications	300	296	0
OBJ 3-2	CPOE - Laboratory	664	664	0
OBJ 3-3	CPOE - Radiology	118	118	0
OBJ 4	e-Prescribing (eRX) + RX Eligibility	323	287	0
OBJ 5	Health Information Exchange	12	6	0
OBJ 6	Patient Education	235	159	0
OBJ 7	Medication Reconciliation	4	4	0
OBJ 8-1	Patient Electronic Access (Timely)	235	231	0
OBJ 8-2	Patient Electronic Access (VDT)	235	95	0

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Patient Volume Requirements

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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.
  - EP may calculate across all practice sites, or select a particular site or sites to report from.

- **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.

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Patient Volume Requirements

- **Group Patient Volume, continued**:
  - 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) OR
    - Multiple Group AHCCCS Provider Numbers

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Patient Volume Requirements

- **Medicaid Patient Volume**

  - Support having greater than or equal to **30% Medicaid patient volume** (20% for pediatricians with reduced payment).

  - **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.

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Patient Volume Requirements

- **Medicaid Patient Volume, continued**
  - ○ 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.

What Kinds of Documentation Must I Submit?

- Medicaid patient volume requirements and necessary documentation is detailed in the tip sheet below.

- Tip Sheet Link:

Report Layout for Medicaid Patient Volume

Patient Volume Requirements

- **Needy 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.

Patient Volume Requirements

- **Needy Patient Volume, continued**
  - 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.

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What Kinds of Documentation Must I Submit?

- Needy patient volume requirements and necessary documentation is detailed in the tip sheet below.

- Tip Sheet Link:

Report Layout for Needy Patient Volume

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Other Eligibility Requirements

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Other Eligibility Requirements

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

- **Certified Electronic Health Record Technology (CEHRT) Verification**: Provider must implement the appropriate edition of the software for the program year.

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What Kinds of Documentation Must I Submit?

- **Other Eligibility – Physician Assistant (PA)**
  - o 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
  - o Supporting documentation may be requested by AHCCCS if needed.

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What Kinds of Documentation Must I Submit?

- **Other Eligibility – CEHRT Verification**
  - Documentation should support that the practice has implemented the correct CEHRT edition before the MU period.
  - Documentation will be checked for the following:
    - Date the CEHRT was implemented – must be before the MU period
    - Edition number AND
    - Practice name
  - Examples: CEHRT contract, vendor letter, etc.
  - At least 2014 edition CEHRT is required for Program Year 2018.

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How Long Should I Keep my Documentation?

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

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Transmitting Patient Health Information

- All documentation containing PHI **MUST** be transmitted **SECURELY**.

- **DO NOT** submit patient health information via unsecure email.
  - Secure email transmissions are allowed upon request by AHCCCS.

- All documentation should be **uploaded via ePIP.**

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Questions?

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Thank You

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