

Medicaid Promoting Interoperability (PI) Program Documentation Retention Tip Sheet: Program Year 2021 Stage 3

The following information has been compiled to provide guidance to eligible professionals (EPs) regarding the meaningful use (MU) submission of documentation.

Various types of documents are acceptable to support the EP meets the program requirements. If the provider attested to an exclusion, documentation must be submitted to support the exclusion is met. The table below identifies each MU requirement and what documentation, if any, should be submitted.

Requirement	Documentation Specifics	Additional Resources
CEHRT	<p>CEHRT Verification: Provider must implement the appropriate edition of the CEHRT software for the program year. For Program Year 2021, the documentation should support that the practice has at least a 2015 Edition CEHRT before the PI (EHR) reporting period. Documentation will be checked for the following:</p> <ul style="list-style-type: none"> • Date the 2015 Edition CEHRT was implemented – must be before the PI (EHR) reporting period; • Edition number; and • Practice name. • Examples: CEHRT contract, vendor letter, etc. 	
General Requirement: >50% of Encounters at CEHRT Locations	<p>Provider will attest to the total number of locations where the provider sees patients. If a provider practices at more than one location, AHCCCS may request additional documentation in certain circumstances, such as an <u>Excel</u> report containing the following fields:</p> <ul style="list-style-type: none"> • Patient name or unique identifier; • Date of service; • Date of birth; and • Location name and identify which locations have CEHRT. 	
General Requirement: >80% of Unique Patients in CEHRT	<p>Provider will attest to the total number of unique patients and the number of unique patients in the CEHRT. AHCCCS may request additional documentation in certain circumstances, such as an <u>Excel</u> report containing the following fields:</p> <ul style="list-style-type: none"> • Patient name or unique identifier; • Date of service; • Date of birth; • Location name; and • Identify which patients do not have data maintained in CEHRT if they were seen at a location that has CEHRT. 	

Requirement	Documentation Specifics	Additional Resources
Security Risk Analysis	<p>The documentation should show the following:</p> <ul style="list-style-type: none"> • Includes all required elements. • Contain the practice or organization name AND • Completion date. Date must be in CY 2021 and no later than December 31, 2021. The SRA must be submitted to AHCCCS by January 14, 2022. 	CMS SRA Tip Sheet
Clinical Decision Support Rule	<p>Documentation submitted should support five clinical decision support (CDS) interventions were enabled during the PI (EHR) reporting period. The documentation should show the following:</p> <ul style="list-style-type: none"> • Practice or provider name; • CDS rules should relate to four or more eQMs; • Be clearly legible; and • Dated during the PI (EHR) reporting period <p>If no eQMs relate to the EPs scope of practice or patient population, the CDS interventions must be related to high-priority health conditions. If this option is chosen, the practice should write a letter explaining why the eQMs do not relate to the provider’s scope of practice.</p>	CMS CDS Tip Sheet
Drug-Drug and Drug-Allergy Interaction Checks	<p>Documentation submitted should support drug-drug and drug-allergy interaction checking was enabled for the entire PI (EHR) reporting period. The documentation should show the following:</p> <ul style="list-style-type: none"> • Practice or provider name; • Drug-drug and drug-allergy interaction checks were enabled; • Be clearly legible; and • Dated during the PI (EHR) reporting period. <p>If the exclusion is claimed, the dashboard from the provider’s CEHRT should show fewer than 100 medication orders.</p>	CMS Drug-Drug and Drug-Allergy Tip Sheet
Public Health Measures	<p>Documentation submitted should support the following:</p> <ul style="list-style-type: none"> • Appropriate number of measures or exclusions are met ; • Provider or practice name; • Reflect EP’s level of active engagement; • Be clearly legible; and • Reflect the date the requirement was met. <p>If an exclusion is claimed, documentation must be submitted to support the exclusion was met.</p>	CMS Public Health Reporting Tip Sheet

Requirement	Documentation Specifics	Additional Resources
<p>Percentage-Based Objectives Report</p>	<p>The dashboard report pulled from the CEHRT should contain the following:</p> <ul style="list-style-type: none"> • The report must be pulled for a 90-day PI (EHR) reporting period within calendar year 2021 and the end of the PI (EHR) reporting period must fall on or before October 31, 2021; • Include the provider name; • Include all percentage-based measures; and • Match the attestation. <p>If the provider meets an exclusion for the percentage-based measure, appropriate documentation should be submitted to meet the exclusion. Note that some exclusions may be supported by the dashboard and will not require additional documentation (i.e. number of prescriptions, medication orders, transitions of care, etc.).</p> <p>Further, certain percentage-based objectives may require additional documentation. Please refer to the Documentation Retention Webinar for more information.</p>	<p>CMS Tip Sheets</p>
<p>eCQM Report</p>	<p>The dashboard report pulled from the CEHRT should support the following:</p> <ul style="list-style-type: none"> • The report was pulled from CEHRT for a 90-day eCQM reporting period within calendar year 2021 and the end of the PI (EHR) reporting period must fall on or before October 31, 2021; • Provider name; • The required number and type of eCQMs; and • The numerator and denominator for each eCQM. 	