MPIP Supporting Documentation

Overview

As an eligible professional (EP) or eligible hospital (EH) participating in the Medicaid Promoting Interoperability Program (MPIP) it is important to maintain auditable records to support your attestation.

In order to receive a payment, EPs and EHs must show that they have adopted, implemented or upgraded Certified EHR Technology (CEHRT) and are using it in a meaningful way 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/Verify CEHRT ID
- 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/Verify CEHRT ID

EPs should maintain documentation to support their use of CEHRT for each program year. In order to verify a provider's use of 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

Contracts/Agreements Dated Prior to 2010

In 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 to support 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

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Certified EHR Technology Acquired through a Third Party

EPs that acquire their CEHRT access from a third party other than directly from an EHR vendor are required to submit all of the following documentation:

- Contract/Agreement demonstrating the relationship between the EP 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 License Agreement; **and**
- Confirmation email from EHR vendor confirming EHR acceptance; **or**
- Screenshot after completing electronic signature to access EHR software

Verify CEHRT ID

Supporting documentation is required when the CEHRT ID attested to in a prior year has changed. The CEHRT ID may change due to a system upgrade or the purchase of a new EHR system. If an EP has switched EHR vendors, the EP will be required to submit the new contract and a current invoice or purchase order.

The following documentation will only be accepted for EPs with a legally and financially binding contract or agreement and a current invoice or purchase order on file:

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

NOTE: Screenshots or printouts from the CHPL website are **not acceptable as a stand-alone document**.

Patient Volume

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

- EPs Name, Medicaid ID and 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)
  - Payor (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, encounter data identifying services furnished at no cost or on a sliding fee scale.

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Meaningful Use/Promoting Interoperability - Stage 3

To support meaningful use attestation, EPs should use a report from the certified EHR system, but other documentation may be used if a report is not available. EPs 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 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 measures that require a yes/no indication, the following are examples of documentation that may be requested:

- 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.

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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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" or "Activity Log" found at www.OhioPublicHealthReporting.info . EPs may also provide proof of meeting any applicable exclusion.

For more information about ODH Public Health Measure reporting policies, please visit
https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/promoting-interoperability/welcome-to

Public Health or Clinical Data Registries

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

Due Diligence

Providers must complete two actions to determine if there is a registry available to them, or if they meet the exclusion criteria.

1. Determine whether his or her jurisdiction (state, territory, etc.) endorses or sponsors a registry.
   - Cancer Case Reporting (Ohio Department of Health): Confirm provider does not provide cancer treatment or diagnostic services.
2. Determine whether a National Specialty Society or other specialty society with which he or she is affiliated endorses or sponsors a registry.

If the provider has determined that no registry is available through the State (i.e. OARRS) 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

Electronic Clinical Quality Measures (eCQMs)

Providers should retain applicable reports from the certified EHR system to validate attested eCQM data. eCQM data may be uploaded directly to the MPIP provider portal or entered manually during attestation.

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Additional Resources

For additional information, tip sheets and resources, please visit the MPIP Website at

https://medicaid.ohio.gov/Provider/MedicaidProviderIncentiveProgram

MPIP Operations staff are available for assistance Monday through Friday from 8:00 AM to 4:00 PM Eastern Standard Time. Questions related to MPIP may be emailed to MPIP@Medicaid.Ohio.gov or to speak with a representative, call toll-free at 1-877-537-6747.

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