

Documentation Retention Tip Sheet

Program Year 2018

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 2018, the documentation should support that the practice has at least a 2014 edition CEHRT before the MU period. Documentation will be checked for the following:</p> <ul style="list-style-type: none"> • Date the CEHRT was implemented – must be before the MU 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, provide the following:</p> <ul style="list-style-type: none"> • List of provider’s locations • Name of CEHRT at each location AND • Number of provider’s encounters at each location. 	
General Requirement: >50% (80% for stage 3) 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:</p> <ul style="list-style-type: none"> • Detailed patient documentation in excel format (include patient name/ID and date of service) AND • Vendor explanations. 	
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 on or after the end of the PI reporting period but must be conducted within the calendar year of the program year. 	<p style="text-align: center;">Modified Stage 2 - CMS SRA Tip Sheet</p> <p style="text-align: center;">Stage 3 - CMS SRA Tip Sheet</p>

Requirement	Documentation Specifics	Additional Resources
Clinical Decision Support Rule	<p>Documentation submitted should support five clinical decision support (CDS) interventions were enabled during the PI reporting period. The documentation should show the following:</p> <ul style="list-style-type: none"> • Requirement is enabled • Dated during the PI reporting period • Practice or provider name AND • Four of the CDS rules should relate to CQM measures. <p>If no CQMs 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 CQMs do not relate to the provider’s scope of practice.</p>	<p>Modified Stage 2 - CMS CDS Tip Sheet</p> <p>Stage 3 - CMS CDS Tip Sheet</p>
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 reporting period. The documentation should show the following:</p> <ul style="list-style-type: none"> • Requirement is enabled • Dated during the PI reporting period AND • Practice or provider name. <p>If the exclusion is claimed, the dashboard from the provider’s CEHRT should show fewer than 100 medication orders.</p>	<p>Modified Stage 2 - Drug-Drug and Drug-Allergy Tip Sheet</p> <p>Stage 3 - CMS Drug-Drug and Drug-Allergy Tip Sheet</p>
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 AND • Began active engagement with registry 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. <p>If an exclusion is claimed, documentation must be submitted to support the exclusion was met.</p>	<p>Modified Stage 2 - CMS Public Health Reporting Tip Sheet</p> <p>Stage 3 - CMS Public Health Reporting Tip Sheet</p>
Percentage-Based Objectives Report	<p>The dashboard report pulled from the CEHRT should contain the following:</p> <ul style="list-style-type: none"> • Provider name • Correct MU reporting period AND • Contains all attested measures. The numbers in the dashboard should tie to the numbers reported in ePIP. <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>Modified Stage 2 - CMS Tip Sheets</p> <p>Stage 3 - CMS Tip Sheets</p>
CQM Report	<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 • Provider or practice name • Appropriate number of CQMs AND • Correct CQM reporting period. 	