District of Columbia's Medicaid Promoting Interoperability ATTESTATION CHECKLIST

Updated: March 2019

Eligible Providers who participate in the Promoting Interoperability Program are required to submit supporting documentation to validate all attested measures to determine eligibility for the program. Per Title 29 DCMR Chapter 89 all supporting documentation used during the attestation must be retained for at **least 10 years**. Documents are submitted via DC's State Level Registry.

If you have questions about supporting documentation, please contact the Department of Health Care Finance Health IT Team at DCSLR@dc.gov.

Required Documentation

- ☐ **EP Workbook** – Comprehensive report required for each attestation validating the provider and /or group's eligibility for the program.
  - *EP Workbook template found under "Helpful Links" on the DHCF Medicaid EHR Incentive Program website.*

- ☐ **Summary Level Patient Volume Report** - Report validating the patient volume data entered during the attestation which includes a summary of patient volume and a detailed report of the patient encounter. Patient encounter documentation should contain the information listed below for all encounters during the selected reporting period (90-day patient volume reporting period during the calendar year prior to the program year or 12 months prior to attestation):
  - •Provider name or unique identification number
  - •Date of service
  - •Place of service
  - •Payment status (paid or not paid)
  - •Payer name (Blue Cross Blue Shield, Medical Assistance, Priority Partners, etc.)
  - •Payer type (Medicaid, private, Medicare, self-pay, etc.)

  - **Please note:** *Patient Protected Health Information (PHI) must be masked, blurred, or removed prior to submission.*

- ☐ **Dashboard Report for Promoting Interoperability (PI) Objectives and Clinical Quality Measures (CQMs) -** Report from the certified EHR system validating all objective and measure data entered during the attestation. Detailed documentation should include the numerator, denominator, and exclusion for each measure, the reporting period the report covers, and evidence to support that it was generated for the Eligible Provider (EP). All PI measures and CQMs must be present on this dashboard (zero numerators and denominators are acceptable to meet the CQM program requirement but need to be included in this report).

  - **Please note:** *All EHRs should electronically record the numerator and denominator and generate a report that includes the numerator, denominator, and percentage.*

- ☐ **Certified Electronic Health Record Technology (CEHRT) Vendor Letter -** A dated and signed formal letter from the vendor illustrating the EHR system has the necessary technological capability, functionality, and security to meet the program requirements. Letter must contain the provider or practice name, the name and version of the EHR system(s), CMS product number, and the date 2014 or 2015 CEHRT was acquired or updated.
    - **Please note:** *Letter must be a formal letter distributed by the vendor themselves. Letters from sales company, certifying bodies, or other unrelated agencies would not meet the requirement for this piece of documentation.*

- ☐ **Public Health Registry Letter -** A dated and signed letter from a public health agency or clinical health registry illustrating the certified EHR system's capacity to submit data electronically. The letter shall include the agency indicating the engaged registry, the dates of active engagement (must occur prior to or within the program year), and the option of active engagement.
    - **Please note:** *Refer to the DC Public Health Declaration of Readiness document found under "Helpful Links" on the DHCF Medicaid EHR Incentive Program website.*

- ☐ **Clinical Decision Support - Objective 2: Drug/Drug functionality -** The following documentation will be accepted as proof that the functionality was available, enabled, and active in the system during the attestation reporting period.
    - **Screenshot(s):** One or more screenshots from the certified EHR system attesting the functionality was available, enabled, and active in the system during the attestation reporting period. Screenshots from the EHR must be dated during the EHR reporting period selected for attestation. Screenshot should illustrate drug formulary functionality from the certified EHR system; **OR**
    - **CEHRT Audit Logs:** An audit log from the certified EHR system attesting the functionality was available, enabled, and active in the system during the attestation reporting period. The logs must be time stamped showing when the functionality was enabled; **OR**
    - **Vendor Letter:** A letter written on the vendor's letterhead and signed by the vendor and practice and/or provider's medical director confirming relevance to the EP and the functionality is available, enabled, and active in EHR system. The letter must include the enabled dates of the functionality and the confirmation it cannot be turned off. The letter can also include a list of all EPs using the functionality.

- ☐ **Clinical Decision Support - Objective 4: Drug formulary functionality –** The following documentation will be accepted as proof that the functionality was available, enabled, and active in the system during the attestation reporting period.
    - **Screenshot(s):** One or more screenshots from the certified EHR system attesting the functionality was available, enabled, and active in the system during the attestation reporting period. Screenshots from the EHR must be dated during the EHR reporting period selected for attestation. Screenshot should illustrate drug formulary functionality from the certified EHR system; **OR**
    - **CEHRT Audit Logs:** An audit log from the certified EHR system attesting the functionality was available, enabled, and active in the system during the attestation reporting period. The logs must be time stamped showing when the functionality was enabled; **OR**
    - **Vendor Letter:** A letter written on the vendor's letterhead and signed by the vendor and practice and/or provider's medical director confirming relevance to the EP and the functionality is available, enabled, and active in EHR system. The letter must include the enabled dates of the functionality and the confirmation it cannot be turned off. The letter can also include a list of all EPs using the functionality.

- ☐ **Security Risk Analysis Summary** - The following documentation will be accepted as proof that a security risk analysis was completed during the year prior to the start of the program year or within the program year:
    - **A Letter or Memo:** The letter or memo must be a dated and signed from the organization's practice administrator attesting that a security risk analysis was completed the year prior to the start of the program year or within the program year. The letter must indicate the name and version of the EHR system(s) evaluated, dates when the evaluation was conducted, a summary of the results of the risk assessments, and evidence it was generated for the provider or practice's EHR system (s) (e.g. National Provider Identifier (NPI), provider name, practice name, etc.); **OR**
    - **An SRA Report:** A generated report from ONC's Security Risk Assessment Tool or another risk assessment tool that illustrates the evaluated criteria and the results. The report must be completed the year prior to the start of the program year or within the program year. The report must also indicate the name and version of the EHR system(s) evaluated, the date when the evaluation was conducted, a summary of the results of the risk assessments, and evidence it was generated for the provider or practice's EHR system (s) (e.g. National Provider Identifier (NPI), provider name, practice name, etc.).

Optional Documentation

- ☐ **Federally Qualified Health Center (FQHC) Letter (IF APPLICABLE) -** A formal dated and signed letter or statement from CMS or another public health governing entity (e.g. HHS) that identifies the clinical practice as an FQHC/RHC.