



## **Medicaid Promoting Interoperability (PI) Program – formerly the Medicaid EHR Incentive Program**

### **EHR Attestation for Meaningful Use for Program Year 2018 Checklist**

The MS State Level Registry will be open to receive EHR Attestation for Meaningful Use for Program Year 2018 From January 7 – through April 30, 2019

**This checklist will help you as you prepare to submit an EHR Attestation for Meaningful Use.**

**These are things to do prior to accessing your MS State Level Registry Account.**

#### **Reports that need to be run:**

- 1) Medicaid Patient Encounter Representative Period (AKA All-Payers' Report)
  - a. Continuous 90-day period from 2017
  - b. Continuous 365-day period from 2017
  - c. Other period (more than 90-days and less than 365 days from 2017)
  - d. Continuous 90-day period within the twelve months preceding attestation (\*Note this produces rolling starting and ending dates and is determined by when the MS State Level Registry account is accessed for the first time in 2019. For more details, please see our website – <https://msehrpip.wordpress.com>).
- 2) Complete Supportive Management Report (AKA All-Payers' Report) must remove all Protected Health Information (PHI) such as names and IDs. This report needs to show ALL patient encounters from the selected Representative Period, dates of service and name of payer.
- 3) Use the Medicaid Patient Volume Encounter Calculator (downloaded from our website) to summarize the payers from the Supporting Management Report. These are eligible Medicaid encounters:
  - a. Medicaid
  - b. MS Can
  - c. Magnolia
  - d. Medicare Part B – Naming Medicaid as a secondary payer
  - e. Any encounter where Medicaid is specifically named as a secondary payer
- 4) You will use the final calculations on the calculator to enter data into MS State Level Registry at Step 2. The data you enter must match the calculator and be fully supported by the Supporting Management Report.
- 5) Meaningful Use EHR Reporting Period
  - a. Any continuous 90-day period from calendar year 2018

- 6) Clinical Quality Measure EHR Reporting Period
    - a. Full 365 days from calendar year 2018
  - 7) Complete Security Risk Analysis prior to December 31, 2018. Please see our website for information.
  - 8) Please make sure your professional license is current in our system. If you have a question, please contact us.
  - 9) Please make sure that there is an evidence of a paid Medicaid claim over the past twelve months.
  - 10) Please make sure that your registration information is current at the CMS Registration Website and there is a dual affiliation with your payee group.
  - 11) Please make sure you have a full EHR vendor contract that was active during the EHR Reporting Period. If signed prior to January 1, 2017, also please have a vendor letter or current invoice, showing an ongoing fiscal and supportive relationship between your clinic and EHR Vendor.
  - 12) When you run your Meaningful Use Summary Report, look for the denominators for MU Objectives 6, 8 and 9. These should be the same. Use this number as the numerator on Step 3 in the State Level Registry to demonstrate that least 80% of unique patients seen during the EHR Meaningful Use Reporting Period have a record in the EHR system.
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**This is the checklist we will use as we conduct our Pre-Payment Review after you submit your application online.**

#### No Evidence of a Previously Paid Medicaid Claim

The Medicaid Patient Volume Calculator was not present.

The Medicaid Patient Volume Calculator did not match the data from the Supporting Management Report.

The Medicaid Patient Volume Calculator did not match the data that was entered into the State Level Registry (Step 2).

The Provider/Clinic Supporting Management Report was not present.

The Provider/Clinic Supporting Management Report did not match the data from the Medicaid Patient Volume Calculator.

The Provider/Clinic Supporting Management Report did not match the data that was entered into the State Level Registry (Step 2).

The EHR Vendor Contract was not present.

The EHR Vendor Contract was not executed appropriately.

The EHR Vendor Contract was dated beyond the program-recommended date of January 1, 2015.

The EHR Vendor Contract was not in affect during the EHR Reporting Period.

The Security Risk Analysis was not present.

The Security Risk Analysis was not completed.

The Security Risk Analysis was not completed during the acceptable program-recommended dates.

The Security Risk Analysis was not generated from an accepted source (handwritten, etc....)

The Meaningful Use Summary Report was not present.

The Meaningful Use Summary Report did not represent the individual attesting EP.

The Meaningful Use Summary Report did not reflect the dates of the current EHR reporting period.

The Meaningful Use Summary Report did not reflect data that was entered in the MS SLR (Step 3).

The Meaningful Use Summary Report did not match the numerator and denominator entered into the MS SLR (Step3).

Evidence of Active Engagement with a Public Health Registry was not present (if EP failed to meet exclusion criteria)

Attestation Agreement was not present.

Attestation Agreement was not executed appropriately (original signature, date, etc...)

Attestation Agreement did not match data entered into the MS SLR

Professional License has expired

No Evidence of Dual Affiliation between provider and payee

Other: \_\_\_\_\_

**The following supporting documents are required uploads during the online application process.**

Required Supporting Documents	Insert on Screen	Comments
Medicaid Patient Encounter Calculator	Step 2 – Medicaid Eligibility	Can be shared with all clinic providers
Supporting Management Report (AKA All-Payers’ Report)	Step 2 – Medicaid Eligibility	Can be shared with all clinic providers
EHR Vendor Contract	Step 3 – Attestation of EHR	Can be shared with all clinic providers
Security Risk Analysis summary report	Meaningful Use Objective 1 – Protect Patient Health Information	Can be shared with all clinic providers
Full Meaningful Use Summary Report (90-days) and Full Clinical Quality Measure (CQM) Report (365-days)	Meaningful Use Objective 3 – Computerized Provider Order Entry (CPOE)	Must be run for each provider independently
Evidence of Level of Active Engagement to submit data from an EHR to a Public Health Agency Letter of Acknowledgement from Immunization Registry or Written Reason for Exclusion	Meaningful Use Objective 10 – Public Health Agency Reporting – Immunization Registry	Can be shared with all clinic providers
Signed Attestation Agreement	Step 4 – Attestation Agreement	Must be signed by each provider independently

**Please contact us if you have questions:**

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