Required Documentation for Eligible Professionals
Program Year 2020

All Program Year 2020 applications will be submitted via the State Level Registry. The link to the website is: https://alslr.thinkhts.com/.

Each category listed below details the required documentation for each provider for his or her 2020 application.

Patient Volume

The following documents are required to establish the 30% Medicaid patient volume requirement or 20% Medicaid patient volume for pediatricians.

- Practice Management Report – a system-generated report or patient volume explanation of a manual count must be submitted to validate the number of Medicaid encounters and Total encounters being submitted.
    - Reports containing CPT, Procedure Codes are not accepted. Claims data is also not accepted.
- Eligible Professional "EP" Workbook - This can be found on the Meaningful Use website.

- FQHC (Federally Qualified Health Center)/RHC (Rural Health Center) Documentation – Required *only if* Needy Individual Patient Volume is needed to meet the 30% threshold.
    - CMS/HHS letter confirming the clinic is a FQHC/RHC.
    - A "practice predominantly" letter signed by the EP or FQHC/RHC board.
        - This must be updated each year that the EP applies.
- Supervising Physician Collaborative Agreement – This is only needed when a CRNP does not have any encounter information in DSS. The collaborative agreement should include effective dates, the CRNP's name, and the Supervising Physician's name.
    - The effective dates are required to verify the CRNP was seeing Medicaid patients during the representative (patient volume) period selected. This is our method of validating the CRNP was practicing and seeing Medicaid patients during the required timeframe.
    - If additional information is needed, you can request the clinic confirm via e-mail that the EP was employed and seeing Medicaid during the representative period.

Certified Electronic Health Record Technology (CEHRT)

The following document is required to validate that the provider has a certified EHR system in place. Beginning with the EHR reporting period in calendar year 2020, all participants in the Medicaid Promoting Interoperability Program are required to use 2015 Edition CEHRT.

- Vendor Letter – **a letter from the vendor that confirms the vendor name, product name, date of latest upgrade to the 2015 Edition and version of the certified system**.
    - In addition, the letter should have either the CMS Certification ID or the ONC CHPL Product ID.

Meaningful Use

The following documentation is required to validate the Meaningful Use portion of the application.

- Meaningful Use Report – This report should include the reporting period and provider's name or NPI to identify who the documentation belongs to as well as all numerators and denominators used to meet the Meaningful Use Objectives.
- Clinical Quality Measure (CQM) Report – This report should include the reporting period and provider's name or NPI as well as all numerators and denominators being used.
    - Documentation is required to validate ALL numerators and denominators.
- Screenshots – utilized to validate the functionality of certain system components. The following screenshots are required, and most show an actual example of the functionality. For instance, a screenshot showing a drug/drug interaction is required instead of a screenshot showing a check box where the functionality is turned on.
    - Drug/Drug and Drug/Allergy (Stage 3/Objective 3)
    - Drug Formulary (Stage 3/Objective 3)
    - The screenshots must come from the EP's EHR
    - This documentation is *not* required if the EP excludes from the eRX measure (less than 100 prescriptions)
- Security Risk Analysis Compliance Form –Each provider must complete this form as there are no exclusions available for this Meaningful Use Objective.
    - This form has been updated for Program Year 2020.
    - Please note, the same SRA form cannot be used for more than one program year. This must be completed on an annual basis and be done during the calendar year of the program year of attestation.
    - The SRA must also include the entire reporting period.
- Public Health and Clinical Data Registry Reporting – documentation is required for each public health and clinical data measure that you report on or take an exclusion.
    - Alabama Department of Public Health Registries
        - Immunization Registry – the ADPH Status Letter will be required.
        - Cancer Registry – the ADPH Status Letter will be required.

- Prescription Drug Monitoring Registry (PDMP) - is available **ONLY** to providers who used it in a prior program year**. Documentation is required. It is not available to EPs for Stage 3**
- Each ADPH registry has a specific letter designated for Program Year 2020.
- A new letter must be requested for each program year.

- Syndromic Surveillance Registry
  - This registry is only available to EPs practicing in an Emergency Room or Urgent Care facility. If you are not a provider that practice in one of these settings, then you should take the exclusion.
  - Additional documentation is not required if you do not practice in one of these two settings and take the exclusion.

- Electronic Case Reporting
  - EP must be in active engagement with a PHA to submit case reporting of reportable conditions.

- Clinical Data Registry (CDR) Reporting – *New for Stage 3*
  - EP must be in active engagement to submit data to a CDR.

- Exclusions
  - **Any exclusion from the Public Health Measure and Clinical Data Registry will require documentation.**