HealthCare
Kentucky Regional Extension Center

Recommended Documents to Retain for MIPS Reporting Program Year 2018

Documents should be kept for at least 6 years. Reports and other documentation may be kept in a binder and/or electronic file. If reports are not available from the system, take a screenshot and paste on a word document.	
QPP Participation Documentation	**Suggested Documentation**
# 1: EC List	☐ Export your connected providers and their eligibility status from within the QPP Submission Portal (Accessible after signing in at qpp.cms.gov).
# 2: Special Consideration List	☐ For any special status not already visible on your Connected Clinician List, take a screenshot or print the screen from the qpp.cms.gov QPP Participation Status Tool with the providers **Name** and **Special Status**.
# 3: Reporting Methods and Supporting Documentation	For each category, document the method and level of submission to keep in your records, as well as any receipts from submission. ☐ Level of Submission _____ ☐ Quality Submission Method _____ ☐ ACI Submission Method _____ ☐ IA Submission Method _____ ☐ Submission Receipt(s)_____ ☐ Date of Submission(s): _____ ☐ CMS and ONC Certification ID _____ ☐ EHR Product/ Version _____ ☐ Policy for Audit Procedures, Documentation, Etc. ☐ Invoice/PO/contract from when the certified EHR was purchased
Quality Measures	**Suggested Documentation**
For PY 2018, ECs must submit at least 6 quality measures	Your selected submission method will affect suggested documentation. When possible, a copy of report submitted to CMS is ideal and should be kept for 6 years. ☐ Report/receipt of submission to data submission vendor ☐ List of NPI's tied to report(s) ☐ Reporting Timeframe _____ ☐ Ensure that at least 1 high priority or outcome measure

*PY stands for Program Year
Updated: 09/24/18

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Improvement Activities	Suggested Documentation
For PY18, practices must meet at least 40 raw points, or 50% of locations must be recognized as PCMH or PCSP for at least 90 days	**PCMH/PCSP Recognition:** ☐ Award letter showing that at least 90 days in 2018 ☐ List of NPI's tied to recognition (if group is submitting at the individual level) **Special Status:** For providers that will be using the reweighting for Medium and Highly weighted activities, compile proof of reweighting eligibility. ☐ Screenshots from NPI Lookup with special consideration ☐ IA Fact Sheet for supporting documentation **Improvement Measures Documentation:** ☐ Screenshots from EHR for relevant activities to indicate start and end of reporting period ☐ Suggested documentation from MIPS Data Validation Criteria 2018 for each measure ☐ Appendix B (found in 2018 PI Performance Category Fact Sheet) if use of bonus points in PI
PI Objectives	**Suggested Documentation**
Objective # 1: Protect Patient Health Information	☐ Conduct or review a security risk analysis in accordance with the requirements in 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of ePHI data created or maintained by CEHRT in accordance with requirements in 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), implement security updates as necessary, and correct identified security deficiencies as part of the MIPS eligible clinician's risk management process. ☐ Keep all documentation related to privacy and security in electronic and/or paper form, including, without limitation, all (1) security risk assessments/analyses, (2) policies, procedures and forms, such as authorization and release forms, (3) training materials, dates, times, and attendees and (4) breach notifications and investigations. Anything related to privacy and security should be documented and retained. If an electronic copy is kept, you also may want to keep a back-up paper copy in a private and secure binder.
Objective # 2: Electronic Prescribing	At least one permissible prescription written by the MIPS eligible clinician is queried for a drug formulary and transmitted electronically using CEHRT. ☐ Report generated by certified EHR technology; evidence demonstrating that this report was generated by the CEHRT system (a screenshot of the report before it has been printed from the system).

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Objective # 3: Health Information Exchange	The MIPS eligible clinician that transitions or refers their patient to another setting of care or health care clinician (1) uses CEHRT to create a summary of care record; and (2) electronically transmits such summary to a receiving health care provider for at least one transition of care or referral. ☐ Reports generated by certified EHR technology; evidence demonstrating that this report was generated by the CEHRT system (a screenshot of the report before it has been printed from the system), and/or reports from outside 3rd party HISP used to electronically transmit and exchange. ☐ Providers using alternate transmission options to achieve this measure should have documented workflow, processes, and transmission reports from any technologies used to achieve the measure, including manual tracking.
Objective # 4: Provide Patient Electronic Access	At least one patient seen by the MIPS eligible clinician during the performance period is provided timely access to view online, download, and transmit to a third party their health information subject to the MIPS eligible clinician's discretion to withhold certain information. ☐ Report generated by certified EHR technology; evidence demonstrating that this report was generated by the CEHRT system (a screenshot of the report before it has been printed from the system).
Objective # 5: Patient-Specific Education	The MIPS eligible clinician must use clinically relevant information from CEHRT to identify patient-specific educational resources and provide access to those materials to at least one unique patient seen by the MIPS eligible clinician. ☐ Report generated by certified EHR technology; evidence demonstrating that this report was generated by the CEHRT system (a screenshot of the report before it has been printed from the system).
Objective # 6: Medication Reconciliation	The MIPS eligible clinician performs medication reconciliation for at least one transition of care in which the patient is transitioned into the care of the MIPS eligible clinician. ☐ Report generated by certified EHR technology; evidence demonstrating that this report was generated by the CEHRT system (a screenshot of the report before it has been printed from the system).
Objective # 7: View Download or Transmit	At least one patient seen by the MIPS eligible clinician during the performance period (or patient-authorized representative) views, downloads or transmits their health information to a third party during the performance period. ☐ Report generated by certified EHR technology; evidence demonstrating that this report was generated by the CEHRT system (a screenshot of the report before it has been printed from the system).

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Objective # 8: Secure Electronic Messaging	For at least one patient seen by the MIPS eligible clinician during the performance period, a secure message was sent using the electronic messaging function of CEHRT to the patient (or the patient-authorized representative), or in response to a secure message sent by the patient (or the patient authorized representative), during the performance period. ☐ Report generated by certified EHR technology; evidence demonstrating that this report was generated by the CEHRT system (a screenshot of the report before it has been printed from the system).
Public Health	**Suggested Documentation**
Objective # 9: Immunization Registry	The MIPS eligible clinician is in active engagement with a public health agency to submit immunization data.
Objective # 10: Syndromic Surveillance	The MIPS eligible clinician is in active engagement with a public health agency to submit syndromic surveillance data.
Objective # 11: Specialized Registry	The MIPS eligible clinician is in active engagement to submit data to a specialized registry.

☐ **Option 1 – Completed Registration to Submit Data:** The MIPS eligible clinician registered to submit data with the PHA or, where applicable, the CDR to which the information is being submitted; registration was completed within 60 days after the start of the MIPS performance period; and the MIPS eligible clinician is awaiting an invitation from the PHA or CDR to begin testing and validation. This option allows MIPS eligible clinicians to meet the measure when the PHA or the CDR has limited resources to initiate the testing and validation process. MIPS eligible clinicians who have registered in previous years do not need to submit an additional registration to meet this requirement for each MIPS performance period.

☐ **Option 2 – Testing and Validation:** The MIPS eligible clinician is in the process of testing and validation of the electronic submission of data. MIPS eligible clinicians must respond to requests from the PHA or, where applicable, the CDR within 30 days; failure to respond twice within a MIPS performance period would result in that MIPS eligible clinician not meeting the measure.

☐ **Option 3 – Production:** The MIPS eligible clinician has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA or CDR.

* Registries outside of KHIE may provide various forms – please check with each registry separately for proper documentation.

All Participation Agreements & Addendums (legal agreements) with any public health registry reporting MUST be signed within 60 days of the beginning of the reporting period (i.e., for a reporting period of Oct 1 – Dec 31, the legal agreements must be signed by December 1st.) If you select a specialized registry outside of KHIE, you are responsible for obtaining and retaining any documentation to support your attestation. Any additional supporting documentation that shows the EC is working to connect to public health registries (vendor letter, KHIE emails, meeting minutes, etc.) should also be kept.

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