HealthCare
Kentucky Regional Extension Center

Recommended Documents to Retain for MIPS Reporting Program Year 2020

Documents should be kept for at least 6 years. Recommended that reports and other documentation 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.

	Suggested Documentation to Retain for Audit Preparation
# 1: Eligible Clinician (EC) List	☐ Export your connected clinicians 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 EC's **Name** & **Special Status**.
# 3: Reporting Methods & 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_____ ☐ PI Submission Method _____ ☐ IA Submission Method_____ ☐ Submission Receipt(s)_____ ☐ Date of Submission(s):_____ ☐ CMS and ONC Certification ID_____ If using a multi-EHR certification, print the custom certification checklist from the CHPL website, which should include a unique combination ID. ☐ EHR Product/Version_____ ☐ Policy for Audit Procedures, Documentation, Etc. ☐ If an Extreme and Uncontrollable Circumstances Exception was taken or applied, collect any documentation verifying approval of Exception. ☐ Date Applied for Exception or Incidence Automatically Granting Exception:_____
Quality Measures	**Suggested Documentation**
A minimum of 6 Quality Measures are required for reporting with at least 1 Outcome Measure being included	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) ☐ Confirmed Reporting Timeframe on Report _____ ☐ Ensure that at Least 1 Outcome Measure is Reported ☐ Confirmed 2015 CEHRT (Required 2020 & beyond) ☐ Age Range, CPT Codes, ICD-10 Codes, Drug Prescriptions, QDC+, or CAHPS Survey Results included within the Retained Report or Supplemental to the Submitted Report as Applicable (Varies by Measure, Reference 2019 Quality Data Validation Criteria for Selected Measures) Quality Measure/Quality Measure ID 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ ➢ Number of Outcome Measures Reported:_____

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Improvement Activities	Suggested Documentation
Must report 1-4 measures (depending upon special statuses), or 50% of locations must be recognized as PCMH or PCSP	**PCMH/PCSP Recognition:** ☐ Award letter showing recognition for at least 90 days in 2020 ☐ List of NPI's tied to recognition (If submitting Individually) ☐ List of TIN Locations (Physical Addresses) **Special Status:** For clinicians that will be using the reweighting for Medium & Highly weighted activities, compile proof of reweighting eligibility. ☐ Screenshots from NPI Lookup with special consideration(s) ☐ IA Fact Sheet for supporting documentation **Improvement Measures Documentation:** ☐ Screenshots from EHR for relevant activities to indicate start & end of reporting period ☐ Suggested documentation from MIPS Data Validation Criteria 2020 for each measure ☐ If reporting at the Group level, must assure that at least 50% of clinicians within Group have completed the associated activity and captured the suggested documentation for each as applicable Improvement Activities/Measure ID 1. _____ 2. _____ 3. _____ 4. _____
PI Objectives	**Suggested Documentation**
Category Reweighting	☐ If a Hardship Exclusion Application, which reweights the PI category to Quality, was submitted and accepted by CMS within the program year, keep the approval email & any subsequent communication with CMS regarding the exclusion. ☐ Capture screenshots within the QPP submission portal showing that the category has been reweighted and no other data is needed to submit for PI.
REQUIREMENT: Protect Patient Health Information	☐ Security risk analysis of the CEHRT was performed or reviewed prior to the date of attestation on an annual basis and for the CEHRT used during the reporting period. • If you choose to submit for a 90-day MIPS performance period, it is acceptable for the security risk analysis to be conducted outside the selected 90-day performance period; however, it must be conducted within the calendar year of the MIPS performance period (January 1st – December 31st). ☐ A report that documents the procedures performed during the analysis and the results. The report should be dated within the calendar year of the MIPS performance period and should include evidence to support that it was generated for that clinician's system (e.g., identified by National Provider Identifier (NPI), CMS Certification Number (CCN), clinician name, practice name, etc.). • Any documentation of an analysis will suffice; the report does not necessarily need to come from CEHRT. At minimum, clinicians should be able to show a plan for correcting or mitigating deficiencies, and steps that are being taken to implement that plan.

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	☐ Lookup and verify using a CHPL ID that EHR used to generate reports/data is a 2015 CEHRT. Keep screenshots of version number verification of 2015 CEHRT or vendor documentation regarding certification year/version.
Objective # 2: Electronic Prescribing	At least one permissible prescription written by the MIPS eligible clinician is queried for a drug formulary and transmitted electronically via CEHRT. ☐ Report or screenshot of patient prescription/record that indicates the number of times where electronic prescribing was performed in accordance with CMS standards for electronic prescribing (45 CFR 423.160(b)).
	e-Prescribing Exclusion
	Required only if submitting an exclusion for the e-Prescribing measure. Measure ID PI_EP_1. The exclusion is available for the e-Prescribing measure for any MIPS eligible clinician who writes fewer than 100 permissible prescriptions during the performance period. In order to submit an exclusion for this measure, clinicians must select the exclusion for this measure. Any submission of a numerator or denominator for the e-Prescribing measure will void out the exclusion. ☐ Report from the CEHRT that shows the number of permissible prescriptions written by the clinician during the performance period.
	Measure BONUS: Query of Prescription Drug Monitoring Program
	Uses data from CEHRT to conduct a query of a PDMP for prescription drug history prior to electronically prescribing a patient a Schedule II opioid using CEHRT. ☐ Dated report or screenshot that shows the MIPS eligible clinician used data from CEHRT to conducted a query of a PDMP for prescription drug history for at least one patient prior to electronically prescribing the patient a Schedule II opioid.
Objective # 3: Health Information Exchange	**Measure # 1: Support Electronic Referral Loops by Sending Health Information**
	When a patient is transitioned and/or referred to another setting or health care provider, the summary of care document must be generated by the CEHRT in a C-CDA format. The summary of care may be transmitted using a wide range of electronic options including secure email, Health Information Service Provider (HISP), query-based exchange or use of third party HIE. ☐ Dated report that indicates the number of summary of care documents that were created and exchanged electronically using CEHRT for transitions of care and/or referrals to another setting of care or health care provider during the performance period.
	Support Electronic Referral Loops by Sending Health Information Exclusion
	The exclusion for the Support Electronic Referral Loops by Sending Health Information measure is available for any MIPS eligible clinician who transfers a patient to another setting and/or refers a patient fewer than 100 times during the performance period. ☐ Dated report from the CEHRT that shows the number of times that the clinician transfers and/or refers patients to another setting of care or to another health care provider during the performance period.

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	Measure # 2: Support Electronic Referral Loops by Receiving & Incorporating Health Information
	For at least one electronic summary of care record received for patient encounters during the performance period for which a MIPS EC was the receiving party of a transition of care or referral, or for patient encounters during the performance period in which the MIPS EC has never before encountered the patient, the MIPS EC conducts clinical information reconciliation for medication, medication allergy, and current problem list. Receives or retrieves and incorporates an electronic summary care record into the CEHRT when a patient is transitioned or referred to the clinician **&** performs review of medication(s), medication allergies, & current problem list & reconciliation for at least one transition of care or referral received, or patient encounter in which the clinician has not before encountered the patient. **Dated report or screenshot that shows the number of times the clinician:** ☐ Electronically retrieved or received and incorporated a summary of care document into the CEHRT for a transition of care received, referral received, or patient encounter in which the clinician has never before encountered the patient during the performance period. ☐ Performed clinical reconciliation for 1) medication, including the name, dosage, frequency, and route of each medication, 2) medication allergies, and 3) current problem list for a transition of care or referral received, or patient the clinician has never before encountered during the performance period. Clinicians using alternate transmission options to achieve this measure should have documented workflow, processes, and transmission reports from any technologies used to achieve themeasure, including manual tracking.
	Support Electronic Referral Loops by Receiving & Incorporating Health Information Exclusion
	Exclusion applies to any MIPS eligible clinician who receives fewer than 100 transitions of care or referrals or has fewer than 100 encounters with patients never before encountered during the performance period. The exclusion of less than 100 is any combination of transitions, referrals, or new patients. ☐ Exclusion: Dated report from the CEHRT that shows the number of times the clinician receives a transition of care or referral or has patient encounters in which the clinician has never before encountered the patient during the performance period.
Objective # 4: Provide Patient Electronic Access	For at least one unique patient seen by the MIPS eligible clinician: (1) The patient (or the patient-authorized representative) is provided timely access to view online, download, and transmit his or her health information; and (2) The MIPS eligible clinician ensures the patient's health information is available for the patient (or patient-authorized representative) to access using any application of their choice that is configured to meet the technical specifications of the Application Programming Interface (API) in the MIPS eligible clinician's certified electronic health record technology (CEHRT). ☐ Dated report, screenshot, or other information that documents the number of times a patient or patient-authorized representative is given access to view, download, or transmit their health information. This could include instructions provided to the patient on how to access their health information including the website address they must visit, the patient's unique and registered username or password, and a record of the patient logging on to show that the patient can use any application of their choice to access the information and meet the API technical specifications.

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Objective # 5: Public Health & Clinical Data Exchange	The MIPS eligible clinician is in active engagement with a public health agency to submit data to at least 2 public health registries. This includes Immunization, Syndromic Surveillance, and other Specialized Registries. **Active engagement may be demonstrated using the following types and options:** ☐ Dated screenshots that document successful registration or submission to the registry or public health agency. Should include evidence to support that it was generated for that clinician's system (e.g., identified by National Provider Identifier (NPI), clinician name, practice name, etc.). **Or** ☐ A dated record of successful electronic transmission (e.g., screenshot from another system, etc.). Should include evidence to support that it was generated for that clinician (e.g., identified by National Provider Identifier (NPI), clinician name, practice name, etc.). **Or** ☐ Letter or email from registry or public health agency confirming registration or receipt of submitted data, including the date of the submission and name of sending and receiving parties. **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 3rd – Dec 31st, 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 MIPS EC is working to connect to public health registries (vendor letter, KHIE emails, meeting minutes, etc.) should also be kept.

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