

Eligible Professionals – 2020 Stage 3 Suggested Documentation to Retain	
Objective 1: Protect Patient Health Information	<ul style="list-style-type: none"> • Security Risk Assessments/Analyses • Policies, procedures and forms, such as authorization and release forms • Training materials, dates, times and attendees • Breach notifications and investigations
Objective 2: Electronic Prescribing	<ul style="list-style-type: none"> • EHR report including provider name, provider NPI, 90 day reporting period, numerator, denominator and percentage • Screenshot of drug formulary
Objective 3: Clinical Decision Support	<ul style="list-style-type: none"> • Screenshot capture and list of CDS rules and tied CQMs • Screenshot capture of drug-drug and drug-allergy interactions
Objective 4: Computerized Provider Order Entry	<ul style="list-style-type: none"> • EHR report including provider name, provider NPI, 90 day reporting period, numerator, denominator and percentage • Screenshot of drug formulary
Objective 5: Patient Electronic Access	<ul style="list-style-type: none"> • EHR report including provider name, provider NPI, 90 day reporting period, numerator, denominator and percentage • If log sheet was used: log sheet, policy and hard copy of instructions • Proof that API is enabled and instructions given to patients on how to use API functionality
Objective 6: Coordination of Care Through Patient Engagement	<ul style="list-style-type: none"> • EHR report including provider name, provider NPI, 90 day reporting period, numerator, denominator and percentage
Objective 7: Health Information Exchange	<ul style="list-style-type: none"> • EHR or 3rd party HISP reports • Summary of Care document • EHR report including provider name, provider NPI, 90 day reporting period, numerator, denominator and percentage
Objective 8: Public Health & Clinical Data Registry Reporting	<ul style="list-style-type: none"> • Option 1: Signed participation agreements and addendums • Option 2: KHIE/Registry Testing and Validation Confirmation • Option 3: KHIE/Registry Go-Live Approval Form • Proof of active engagement with Public Health Registry • Proof of active engagement to send data to a Clinical Data Registry • Registration receipt
eCQMs	<ul style="list-style-type: none"> • EHR report including provider name, provider NPI, 90 day reporting period, numerator, denominator and percentage • QRDA III file

*This is a suggested list of documents to retain and may not include all items that are requested at time of an audit.