

2017 Meaningful Use Checklist

Practice/Provider Name:

Preparing for 2017 Attestations

- A provider will not be able to do a 2017 Attestation until they receive their 2016 payment

Eligibility: For Groups/Providers who are Not Pre-Qualified or Using Managed Care Panels

- Select a 90-day continuous reporting period from 2016. Use a date calculator to make sure you pick exactly 90 days: <http://www.calculator.net/date-calculator.html>
- The group/provider must have more than 30% Medi-Cal Encounters (Pediatricians can have more than 20% Medi-Cal Encounters)
- The dates in the supporting documentation must match exactly to the dates entered in the SLR
- The following line items in the eligibility data must be clear:
 - Date of service
 - Patient ID (deidentified and HIPAA compliant)
 - Provider Name
 - Insurance Billed
 - Medi-Cal Insurance types/names labelled
- For any provider who is **not on the** 90-day report
 - Upload documentation proving that the provider had at least 1 Medi-Cal encounter
- Provide a summary page that clearly shows:
 - Total number of Medi-Cal encounters billed
 - Total number of all encounters billed
 - Percent of Medi-Cal Encounters

Group Membership

- For [prequalified groups](#), all EPs with one Medicaid encounter within the group in 2016 must be added to the group
 - For providers who were hired in 2017, you will need to upload proof of one Medi-Cal encounter
- For non-prequalified groups, all EPs with one Medicaid encounter with the group in the 90-day representative period selected must be added to the group

- For providers who are not listed on the eligibility data, upload proof of one Medi-Cal encounter
- Ensure that all providers from previous years import over to the current year in the SLR
- All new providers should be added to the current year of the group by typing in their NPI
- If some providers cannot be added to the group, make sure that they are registered in the federal Medicare and Medicaid EHR Incentive Program Registration System:
<https://ehrincentives.cms.gov/hitech/login.action>
- Reconcile the provider roster with the providers printed on the group statement BEFORE submitting and closing the group
- A provider who is has been added to the group CANNOT use individual eligibility to attest

CHPL CMS Certificate

- Download the PDF of CMS EHR Certification ID from the CHPL Website:
<https://chpl.healthit.gov/#/search>
- Make sure that the CMS EHR ID number entered in the SLR **matches exactly** to the ID on the PDF
- **Upload** this PDF to the SLR

2017 Meaningful Use Attestations

- Conduct a security risk analysis: <https://www.healthit.gov/providers-professionals/security-risk-assessment-videos>
- Turn on 5 Clinical Decision Support Intervention Alerts and Drug/Drug and Drug/Allergy Interaction Alerts
 - Obtain a screenshot or report proving that this has been completed
- Each provider needs a minimum 90-day report showing each provider passed Objectives 3-9
- Each provider needs a minimum 90-day report showing scores for 6 CQMs
- Have a report/email/screenshots proving active engagement with public health registries OR justification for exclusion
 - Immunization-Providers who do not administer immunizations can exclude from this measure.
 - Syndromic Surveillance-All providers in CA can exclude from this measure
 - Specialized Registry-Check which specialized registry is available in your jurisdiction: <http://hie.cdph.ca.gov/lhj-matrix.html>

- The following specialized registries have declared readiness for MU:
 - CA Cancer Registry: http://www.ccrca.org/Meaningful_Use.shtml
 - CA Smoker's Help-Line Registry: <https://tinyurl.com/y9dtzdm7>
 - National Center for Health Statistics: https://www.cdc.gov/nchs/dhcs/meaningful_use.htm
 - DARTnet Performance Improvement Registry: <http://www.dartnet.info/PracticePerformanceRegistry.htm>

Submitting Attestations

- Review that the information in the attestation is accurate
 - Check to see if the payment is going to the correct NPI/TIN
- Each provider must initial every page of the attestation and sign the last page of the attestation
- Scan and upload every single page of the attestation
- Make sure that the scan is good quality, everything is clearly visible and nothing is cut off
- Obtain a confirmation that the attestation was submitted successfully:
 - Save the confirmation email from the SLR
 - Download the provider status PDF from the SLR to ensure that the attestation has been submitted

Preparing for an Audit

- CMS can audit a provider's EHR Incentive Program application at any time
- Save all reports, eligibility, attestations, screenshots, and other relevant documentation for at least 7 years
- Make sure that the files are easily accessible
 - Have an "Audit Folder" on your computer with all documents in one place