

2016 Meaningful Use attestation checklist

Use this checklist to prepare for your Meaningful Use attestation. The deadline for Medicare providers to attest for 2016 incentives is February 28, 2017. Medicaid providers should check with [their state Medicaid agency](#) for deadline information, but should attest by February 28th, 2017 to ensure they do not miss their deadlines.

It is your responsibility to maintain paper or electronic documentation that fully supports the data submitted during attestation for at least six years to ensure you're prepared for a potential audit.

You must report the following items during attestation:

Stage 2

- 10 objectives
- 9 clinical quality measures (CQMs) that relate to 3 National Quality Strategy (NQS) domains

When you're ready to attest:

- Collect documentation you will use to submit your Meaningful Use data
- Medicare: Attest on the [CMS Registration and Attestation](#) system
- Medicaid: Attest to your [State Medicaid program](#) website/portal

CMS RESOURCES	PRACTICE FUSION RESOURCES
<p>EHR Incentive Program Hotline: 1-888-734-6433</p> <p>Eligible Professional Attestation User Guide</p> <p>Modified Stage 2 2015 – 2017</p> <p>Meaningful Use Attestation Calculator</p> <p>Stage 1 Audit Supporting Documentation Guide</p> <p>Stage 2 Audit Supporting Documentation Guide</p> <p>CMS Registration and Attestation Resources Page</p>	<p>Meaningful Use Attestation Center</p> <p>Attestation Tutorial Videos</p> <p>CQM Calculation Guide</p>

Meaningful Use attestation item	Complete?
<p>1 CMS REGISTRATION</p> <p>You must register with CMS before you complete attestation for either the Medicare or Medicaid program. You will need the following information:</p> <ul style="list-style-type: none"> • National Provider Identifier (NPI) • Practice Fusion’s CMS EHR Certification ID (located on the Meaningful Use Dashboard) • National Plan and Provider Enumeration System (NPPES) User ID and Password • Billing Tax Identification Number (TIN) 	<input type="checkbox"/>
<p>2 REPORTING PERIOD DATES</p> <p>Confirm your reporting period start and end dates in your Meaningful Use Dashboard.</p>	<input type="checkbox"/>
<p>3 PATIENT RECORDS IN PRACTICE FUSION</p> <p>Confirm you have charted more than 80% of your patient records in certified EHR technology (CEHRT). This is a requirement to meet Meaningful Use.</p>	<input type="checkbox"/>
<p>4 MULTIPLE LOCATIONS</p> <p>If you work in multiple locations with CEHRT, the attestation needs to combine numerators and denominators from all CEHRT. Learn more about combining values from different CEHRT.</p>	<input type="checkbox"/>
<p>5 DENOMINATOR TYPES</p> <p>You will need to address different denominator types for Meaningful Use. Some measures may be limited to patients whose records are maintained using CEHRT, while other measures must include all unique patients regardless of whether the patient’s records are maintained using CEHRT.</p> <ul style="list-style-type: none"> • You will need to manually calculate patients who aren’t entered in Practice Fusion for measures based on all unique patients. • The Meaningful Use Dashboard values only include patients entered in Practice Fusion. • Review the CMS Attestation User Guide to see which individual measures may be limited to patients maintained using CEHRT 	<input type="checkbox"/>
<p>6 SIGN CHART NOTES</p> <p>The Meaningful Use Dashboard determines that a patient has been seen during the EHR reporting period if the patient has a signed note with a date of service that is during your EHR reporting period with any of the following encounter types: Office Visit, Home Visit, Telemedicine Visit, or Nursing Home Visit.</p> <p>Only the provider who signs the note receives denominator credit.</p>	<input type="checkbox"/>

Meaningful Use attestation item	Complete?
<p>7 OBJECTIVES</p> <p>Confirm you have either achieved or qualify for an exclusion to all measures of all objectives. Review the measure requirements in the Meaningful Use Center.</p>	<input type="checkbox"/>
<p>8 PUBLIC HEALTH REPORTING</p> <p>This objective is comprised of three measures:</p> <p>Measure 1: Immunization Registry Reporting</p> <p>Measure 2: Syndromic Surveillance Reporting</p> <p>Measure 3: Specialized Registry Reporting</p> <p>Stage 2 providers must meet 2 of the 3 measures. If a provider cannot meet the required number of measures, there are multiple exclusions per measure, including CMS specified alternate exclusions for 2016.</p>	<input type="checkbox"/>
<p>9 EXCLUSION DOCUMENTATION</p> <p>Claiming an exclusion for a specific measure qualifies as submission of that measure. Note which measures for which you will claim an exclusion, if applicable. Review the applicable exclusions.</p> <p>Prepare any documentation needed to prove that you qualify for that exclusion and save it in your records for at least six years.</p>	<input type="checkbox"/>
<p>10 SECURITY RISK ANALYSIS</p> <p>Save a signed and dated copy of your completed Security Risk Analysis, including any documentation that supports the activities that you completed as a result of the analysis, for at least six years.</p>	<input type="checkbox"/>
<p>11 SCREENSHOTS FOR YES/NO MEASURES</p> <p>Save screenshots of functionality enabled for the entire reporting period to serve as supporting documentation for the following measures in case of an audit:</p> <ul style="list-style-type: none"> • Drug Interaction Checks • Clinical Decision Support • Drug Formulary Checks <p>You must keep this documentation for at least six years.</p>	<input type="checkbox"/>
<p>12 MEANINGFUL USE DASHBOARD COPY</p> <p>Take a screenshot or print out the Practice Fusion Meaningful Use Dashboard on the day you attest. You must keep this documentation for at least six years.</p>	<input type="checkbox"/>

Meaningful Use attestation item	Complete?
<p>OBJECTIVE AND MEASURE CALCULATIONS</p> <p>13 There may be instances where you choose to report values for objectives or measures that differ from the values in the Meaningful Use Dashboard. Make sure you keep documentation for these measures, including how you accounted for the values you're reporting, for at least six years.</p>	<input type="checkbox"/>
<p>CLINICAL QUALITY MEASURES (CQMS)</p> <p>You must report on nine (9) CQMs that relate to three (3) or more National Quality Strategy (NQS) domains.</p> <ul style="list-style-type: none"> • Data submitted for CQMs must be reported directly from information generated by Practice Fusion. • Reporting a value of zero (0) for a CQM will not prevent you from meeting Meaningful Use. • Providers may choose to report CQMs manually or electronically. If you choose to electronically report your CQMs, you can use Practice Fusion's PQRS Clinical Quality Measures dashboard to calculate and report a year's worth of CQM data to CMS. This could give you credit for the PQRS via the EHR reporting option in addition to completing your Meaningful Use Attestation. If you choose to submit your CQMs right now through attestation, report the values from your Meaningful Use dashboard to complete your attestation. 	<input type="checkbox"/>
<p>CQM REPORT COPY</p> <p>15 Take a screenshot or print out your PQRS Clinical Quality Measures Report or Meaningful Use Dashboard on the day you attest, depending on whether you selected the electronic CQM reporting option or the manual CQM reporting option. You must keep this documentation for at least six years.</p>	<input type="checkbox"/>