Attestation Checklist

Meaningful Use Documentation

Maryland Medicaid must review Meaningful Use supporting documentation before approving Electronic Health Record (EHR) Incentive Program attestations for Years 2 – 6.

Before submitting your attestation, please upload the following documents in the Upload Documents section in eMIPP:

❑ **Documentation for the Protect Electronic Health Information Objective:**

- Complete security risk assessment (SRA) copy. The SRA should indicate an asset inventory was conducted. For each asset (such as server, computer, etc.) the practice should have identified the type, location, responsible person, and whether it contains Protected Health Information (PHI). The SRA should also outline the procedures performed during the analysis and a report with results. The SRA should be dated within the program year and before the attestation date.

❑ **Documentation for the Clinical Decision Support Objective:**

- Screenshots that show the clinical decision support (CDS) and drug-drug/allergy check functionality settings and alerts from your EHR system. The screenshots should be dated during the EHR reporting period selected for attestation.

❑ **Documentation for Meaningful Use (MU) Objectives and Clinical Quality Measures (CQMs):**

- Report from the certified EHR system showing the numerator, denominator, and exclusion for each measure, the time period the report covers, and evidence to support that it was generated for the Eligible Provider (EP).
- These reports should align with the Meaningful Use and CQM attestation periods selected in eMIPP.

Patient Volume Documentation

Maryland Medicaid also recommends uploading documentation that supports your Medicaid patient volume to eMIPP in the Upload Documents section.

Patient encounter documentation should contain the information listed below for all of your encounters during the selected reporting period (90 days during the Calendar Year prior to the Program Year):

- Provider name or unique identification number
- Patient name or unique identification number
- Date of service
- Place of service
- Payment status (paid or not paid)
- Payer name (Blue Cross Blue Shield, Medical Assistance, Priority Partners, etc.)
- Payer type (Medicaid, private, Medicare, self-pay, etc.)