Audit Documentation Checklist for Eligible Professionals

As stated on the Alaska Medicaid EHR Incentive program Attestation Agreement, participants must keep all documentation necessary to support meaningful use and EHR incentive payments for seven (7) years.

The following, outlines a list of suggested documents that should be retained:

- Documentation that confirms you or your organization had a legal or financial obligation to the Certified Health Technology at the time of your A/I/U (Adopt, Implement, or Upgrade) attestation.

- A copy of the signed Attestation Agreement for the Alaska Medicaid Electronic Health Record Incentive Program.

- A detailed encounter listing to support the numerator (Medicaid encounters) and denominator (total encounters) utilized in the eligibility calculation. The listing should include patient level details, particularly patient name, patient identifier, servicing physician, date of service, and payer source at the time of service (insurance). If utilizing Medicaid encounter information received from the Department of Health and Social Services (DHSS), a copy of the documentation received should be retained in order to provide upon request should you be selected for a post payment review.

- A copy of the Security Risk Analysis (assessment) completed in accordance with 45 CFR 164.308(a)(1) during the reporting period. The requirements also include addressing the security of ePHI created or maintained in the CEHRT in accordance with requirements under 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), and implement security updates as necessary and correct identified security deficiencies as part of your risk management process. It is important that this document contain the date it was completed/reviewed.

- A system generated Meaningful Use and Clinical Quality Measures report for the EHR reporting period to which you attested. This report should support the numerator and denominator attested for each measure as applicable.

- Screen-shots to support the reported measures which do not require a numerator and denominator (i.e. "yes" attestations and data transmission tests). The screen shot should be from the certified EHR system and demonstrate that the functionality is enabled for the specific measure.

- It is recommended that the documentation be for a test patient or a de-identified patient seen during the reporting the period.