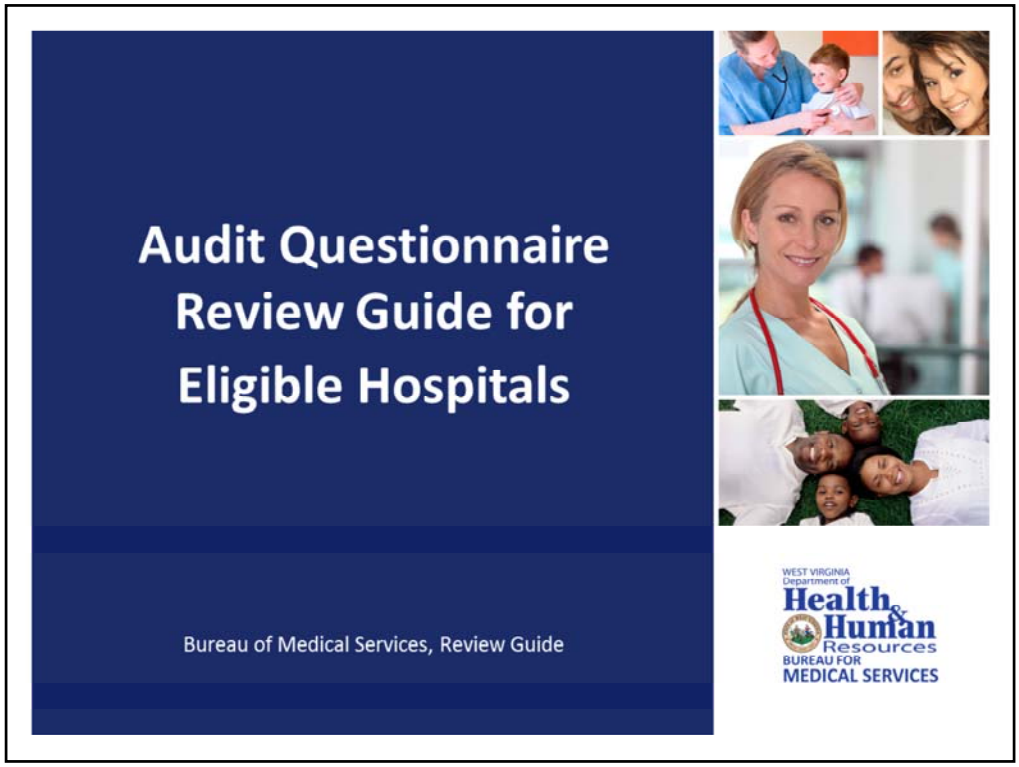
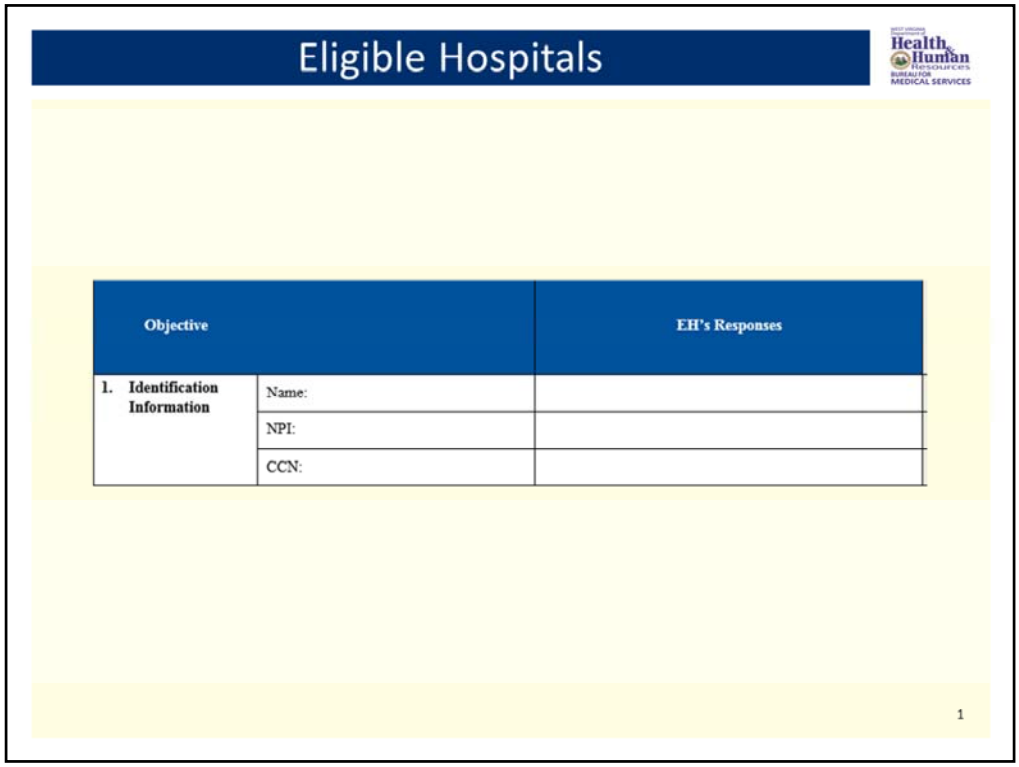
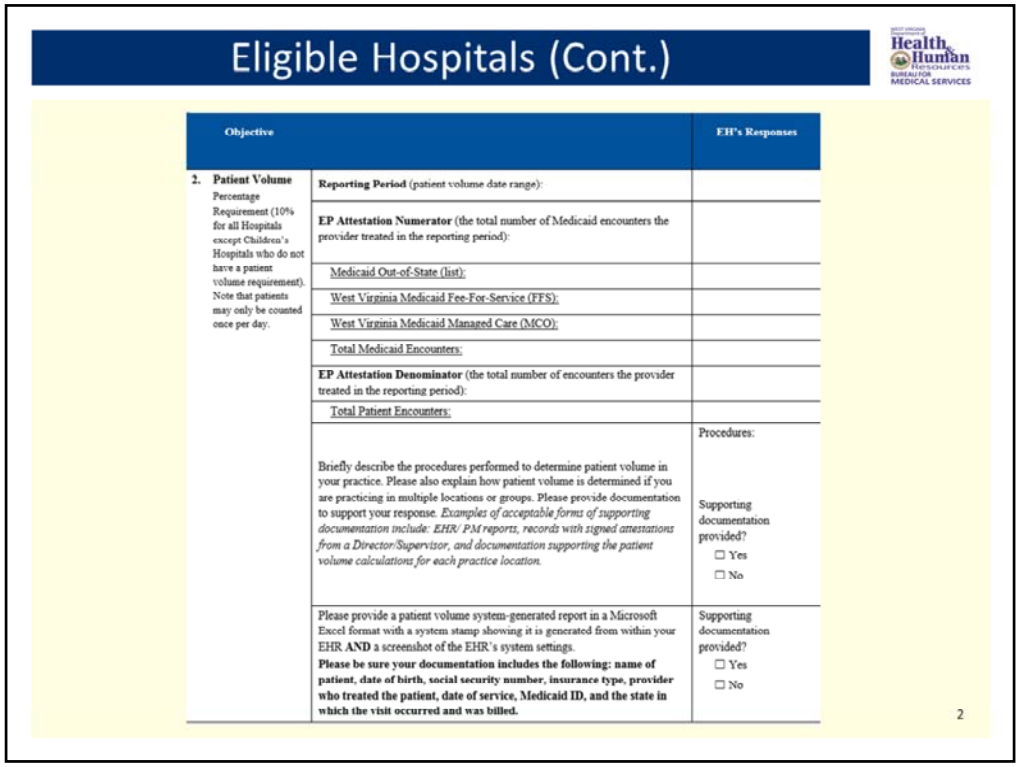


Welcome to the Eligible Hospital, or "EH", questionnaire walk-through review guide. The purpose of this review guide is to give EHs a full tutorial on the audit questionnaire and all required documentation. Each listed question must be answered and supported with documentation to complete the audit. Note that if you use screenshots as supporting documentation for any part of the audit, the screenshot *must* include a date indicating when the screenshot was captured.



The first objective requires the EH to provide the hospital name, NPI (or National Provider Identification), and CCN (or CMS Certification Number). If the EH has documentation supporting these IDs, such as a copy of a license or a screenshot of a website showing their current NPI or CCN, that documentation should be submitted to the State along with the completed questionnaire.



Eligible Hospitals (Cont.)

Objective		EH's Responses
2. **Patient Volume** Percentage Requirement (10% for all Hospitals except Children's Hospitals who do not have a patient volume requirement). Note that patients may only be counted once per day.	**Reporting Period** (patient volume date range):	
	EP Attestation Numerator (the total number of Medicaid encounters the provider treated in the reporting period):	
	Medicaid Out-of-State (list):	
	West Virginia Medicaid Fee-For-Service (FFS):	
	West Virginia Medicaid Managed Care (MCO):	
	Total Medicaid Encounters:	
	EP Attestation Denominator (the total number of encounters the provider treated in the reporting period):	
	Total Patient Encounters:	
	Briefly describe the procedures performed to determine patient volume in your practice. Please also explain how patient volume is determined if you are practicing in multiple locations or groups. Please provide documentation to support your response. *Examples of acceptable forms of supporting documentation include: EHR/ PM reports, records with signed attestations from a Director/Supervisor, and documentation supporting the patient volume calculations for each practice location.*	Procedures: Supporting documentation provided? ☐ Yes ☐ No
	Please provide a patient volume system-generated report in a Microsoft Excel format with a system stamp showing it is generated from within your EHR **AND** a screenshot of the EHR's system settings. **Please be sure your documentation includes the following: name of patient, date of birth, social security number, insurance type, provider who treated the patient, date of service, Medicaid ID, and the state in which the visit occurred and was billed.**	Supporting documentation provided? ☐ Yes ☐ No

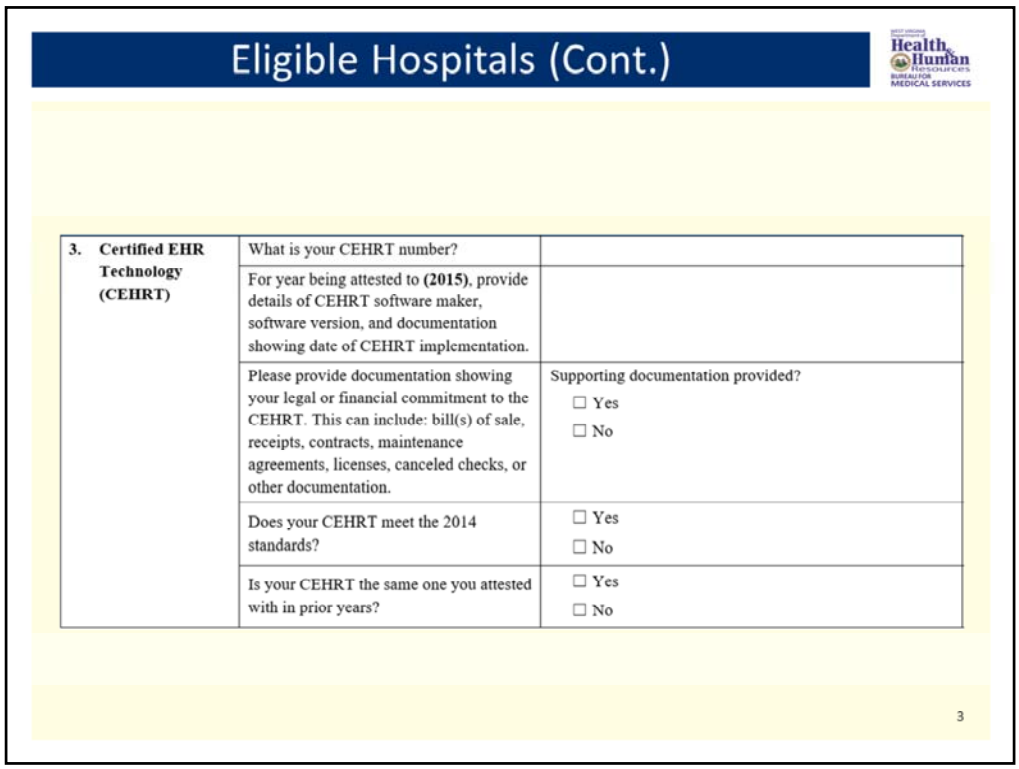
2

The second objective is in regard to patient volume. The Medicaid patient volume requirement for all hospitals, except children's hospitals, is 10%. Children's hospitals do not have a minimum Medicaid patient volume requirement. Provide the 90-day patient volume period that was used during the attestation. This date range is labeled "patient volume period" on your attestation.

Next, provide both the numerator and denominator used to determine the patient volume percentage. The numerator should include patients enrolled in Medicaid as well as Title XXI-funded Medicaid expansion encounters that are at a place of service 21 (inpatient setting) or 23 (emergency department). No patient should be counted more than once per calendar day, regardless of the number of services the patient has during that day. The denominator is the number of total patient encounters for all encounters at a place of service 21 or 23 (inpatient setting or emergency department) during the patient volume period. Again, a patient can only be counted once per day as an encounter.

For the reported numerators and denominators listed in the questionnaire, detailed supporting documentation must be submitted. The documentation should include the patient name, place of service, date of service, insurance type, the name of the provider who treated the patient, patient's date of birth, social security number, Medicaid ID, and the state in which the visit occurred and was billed. If possible, including the patient's Medicaid ID is greatly preferable and will decrease the duration of the audit. This level of detail must be consistent for each patient encounter. It must be evident where the numbers attested to came from. Supporting documentation should be in an Excel format, with a system stamp that shows the information was pulled from the EHR, along with a screenshot of the EHR's system settings used to run the report. If patient volume provided varies from attestation patient volume, please provide an explanation for the variance.

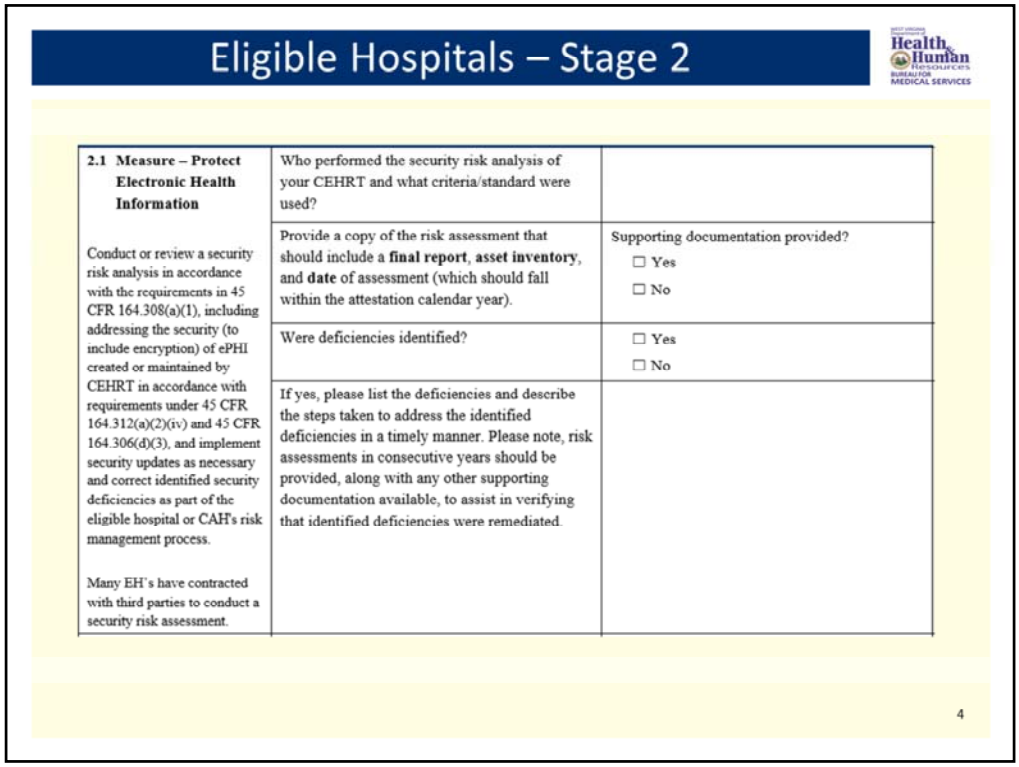
A reminder that when you use screenshots as supporting documentation for any part of the audit, the screenshot *must* include a date indicating when the screenshot was captured.



This step is used to verify the Certified Electronic Health Record Technology (CEHRT) that was used during the attestation year that is being audited. First, provide the CEHRT number that was used during the Promoting Interoperability (PI) (formerly EHR) period of the attestation under audit. Next, list the version, vendor, product name, and date of implementation. In order to validate the information, documentation showing a financial or legal commitment, such as a bill of sale, receipts, contracts, licenses, maintenance agreements, or canceled checks, is required. These documents must have the date visible, as well as the product name or CEHRT number. All other documentation must be from the current year to show the CEHRT is still in place and being used.

Next, verify if you have a 2014 or 2015 version CEHRT or a combination of both. Also, if you have changed CEHRT systems since your first payment year, you must provide a brief description of why you changed systems.

Next, list the practice location where the CEHRT is housed. If you have attested before, check off if your CEHRT is the same as prior years.



Objective 2.1 is regarding the Protect Electronic Health Information measure. This measure is used to ensure all patient information is secure within the CEHRT system. In order to support this, each provider must conduct a security risk assessment, or perform a detailed update/review of a previous risk assessment, **each year**.

Potential risks that should be included in the assessment are security of PHI, hardware, and software. The risk assessment/update performed in the year of the audit should be submitted, as well as the prior year's risk assessment if an update/review was performed in the year under audit. **The full risk assessment must be submitted and should include a final report, asset inventory, and date of assessment. Please also list who conducted the risk assessment and if it was performed by a third party or internally.**

If deficiencies were identified, list them and describe the steps taken to address these deficiencies. Documentation should be provided to support this such as assessments that are in consecutive years along with other supporting documentation available, to assist in verifying the identified deficiencies were remediated.

Health IT create a video that discusses planning, conducting and reviewing the vulnerabilities and risks of healthcare organizations, and how regular risk assessments can protect their practice and data. The link has been provided for your convenience.

https://www.healthit.gov/topic/privacy-security-and-hipaa/security-risk-assessment-videos

Additional useful links are below:

Security Risk Analysis Tip Sheet (at the bottom of the link):
https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Stage2MedicaidModified_Require.html

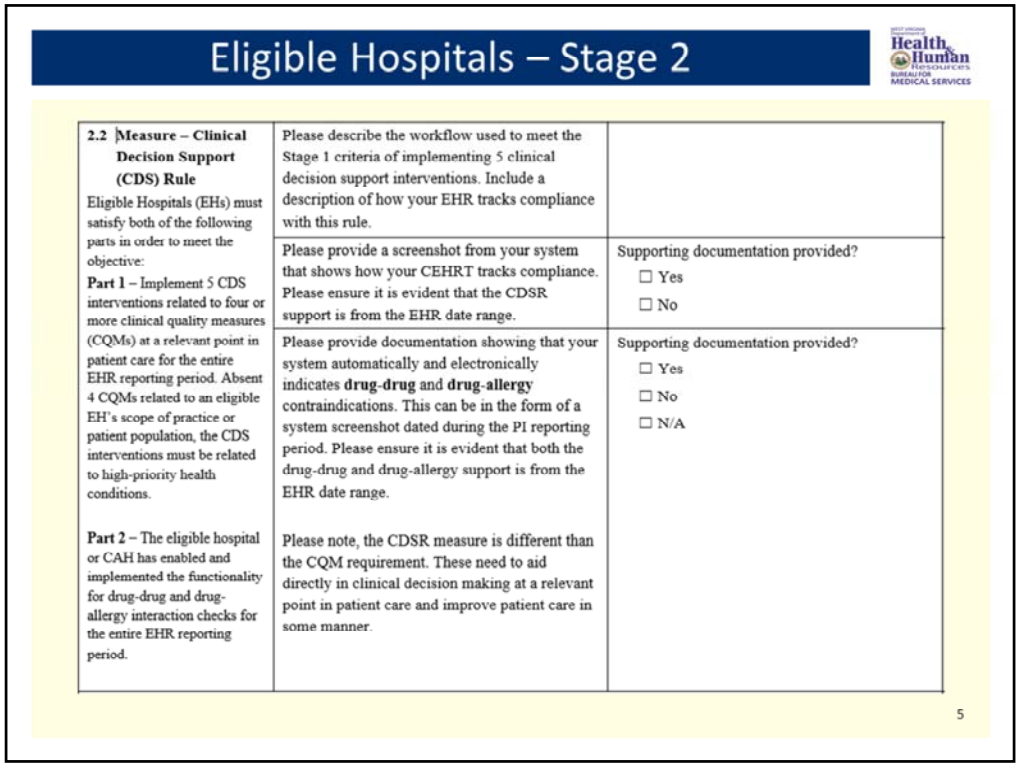
https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/2018ProgramRequirementsMedicaid.html

https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/SecurityRiskAnalysis_Tipsheet-.pdf

https://www.healthit.gov/topic/privacy-security-and-hipaa/security-risk-assessment-tool

A 10 Step Plan:

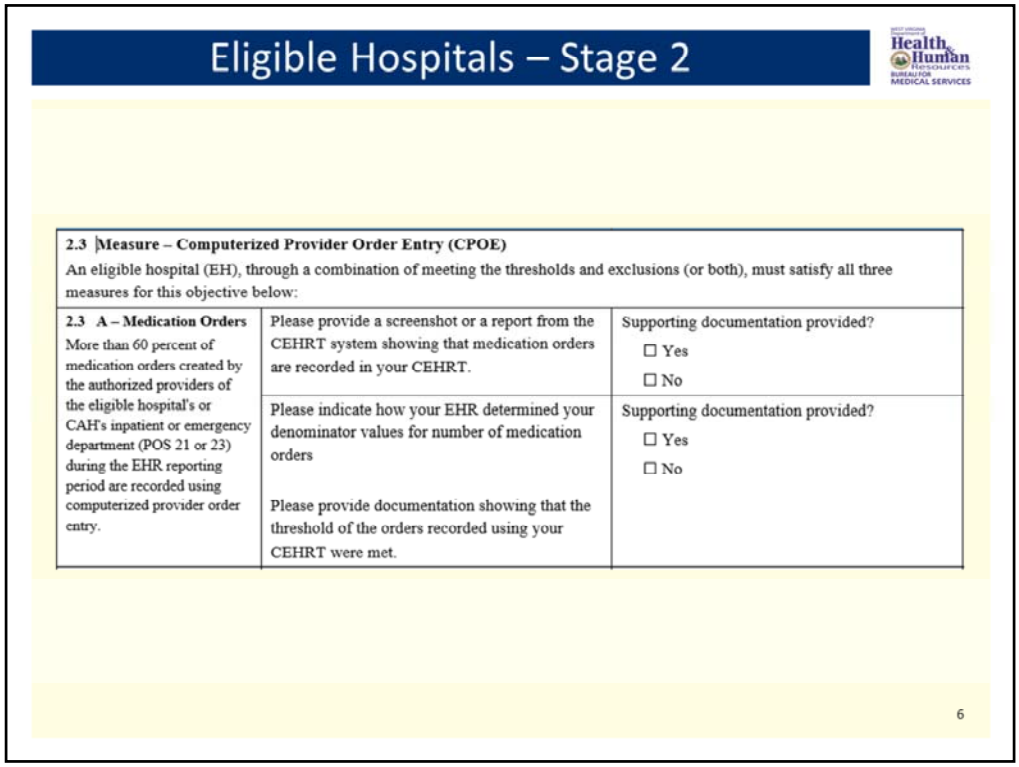
https://www.healthit.gov/topic/privacy-security-and-hipaa/top-10-myths-security-risk-analysis



Objective 2.2 will verify the Clinical Decision Support Rule measure. To support this measure, the EH must describe the workflow used to meet the Modified Stage 2 criteria.

The EH should show they implemented five clinical decision support interventions. The EP should also provide documentation that shows the EH enabled **and** implemented the functionality for drug-drug and drug-allergy interaction checks for the entire PI reporting period. Regardless of the element of the Clinical Decision Support Rule measure that the EP attested to, system documentation that shows how the system tracks compliance with this rule is required.

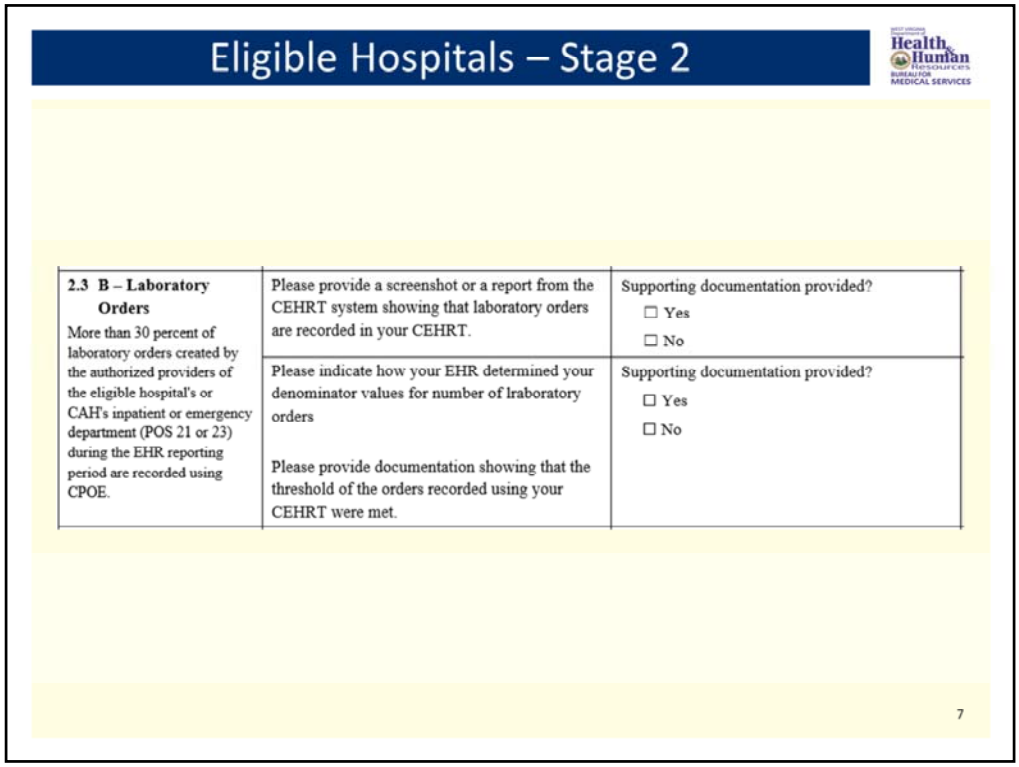
A screenshot from the system that shows how the CEHRT tracks compliance for the Stage 2 criteria for all dashboard measures and their percentages must be provided. Also, the EP must provide a screenshot or printout of all five clinical decision support interventions that were implemented and a dated screenshot of the interaction checks functionality being enabled.



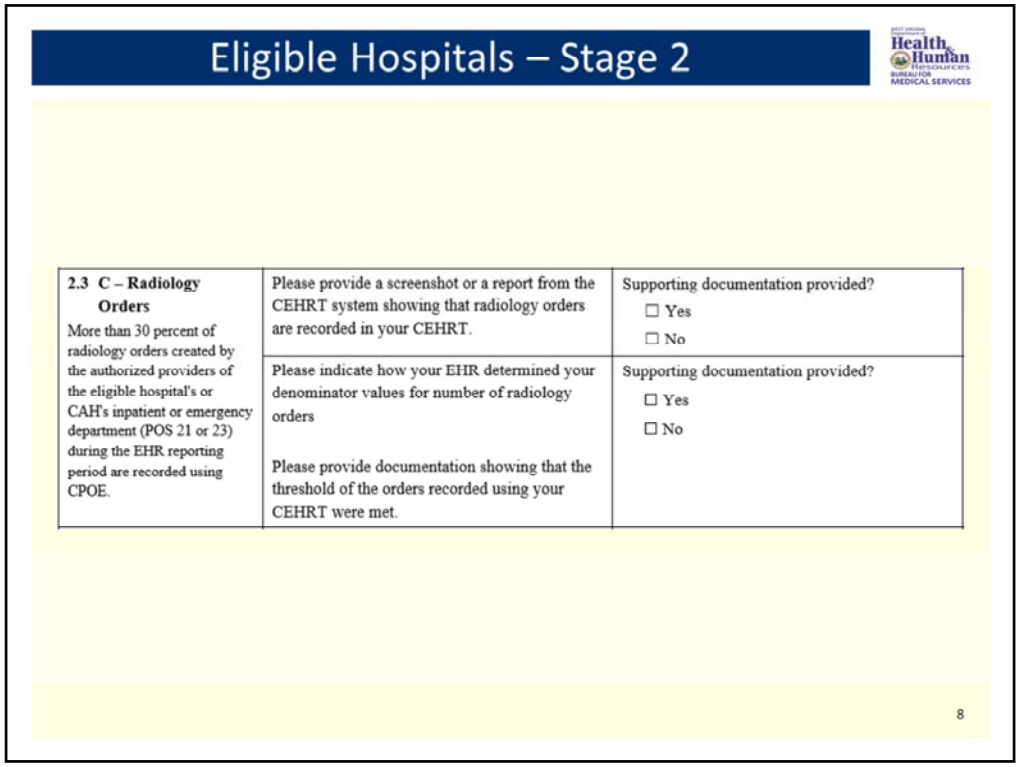
Objective 2.3 is referring to Computerized Physician Order Entries that has three components including medication, laboratory, and radiology orders.

The EP should indicate if they qualified for an exclusion for this measure, this should be consistent with what was stated on objective 1.9. A valid exclusion can be taken for any EP that writes fewer than 100 medication orders during the PI reporting period.

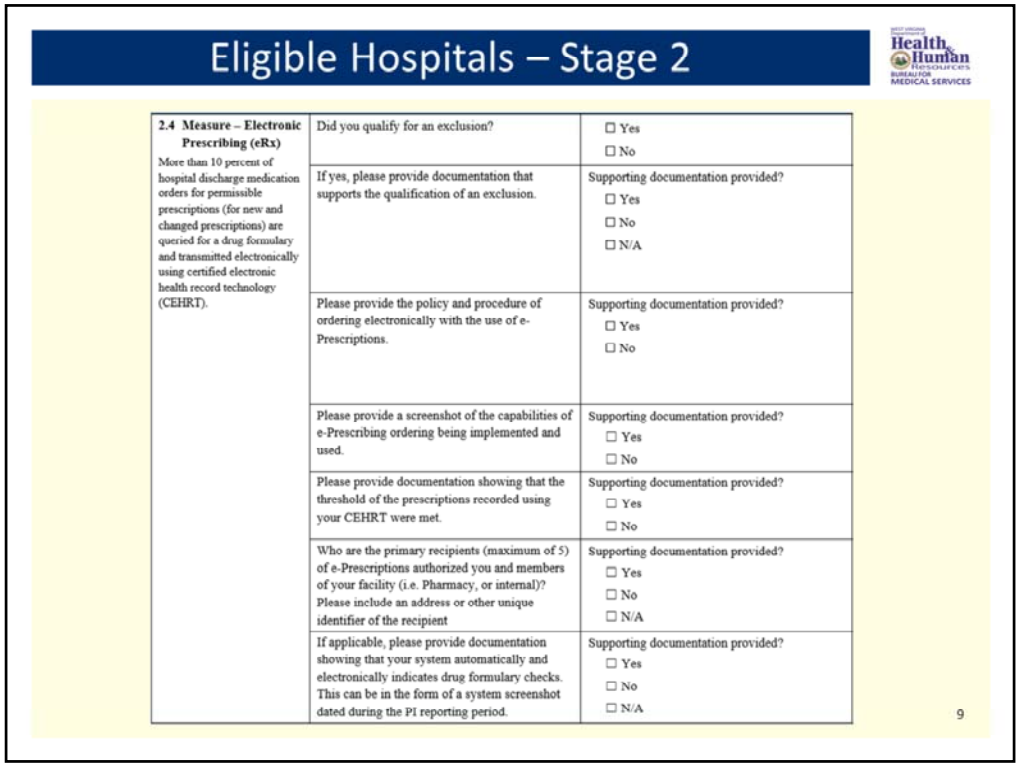
Objective 2.3 A refers to the Medication Orders measure qualification. The EH should provide evidence that more than 60% of medication orders were captured using computerized provider order entry. Documentation that can be used to support this measure is a screenshot or report from the CEHRT that shows how these entries are recorded and tracked in the CEHRT.



Objective 2.3 B refers to the Laboratory Orders specific measure qualification. The EH should provide evidence that more than 30% of laboratory orders were captured using computerized provider order entry. Documentation that can be used to support this measure is a screenshot or report from the CEHRT that shows how these entries are recorded and tracked in the CEHRT.



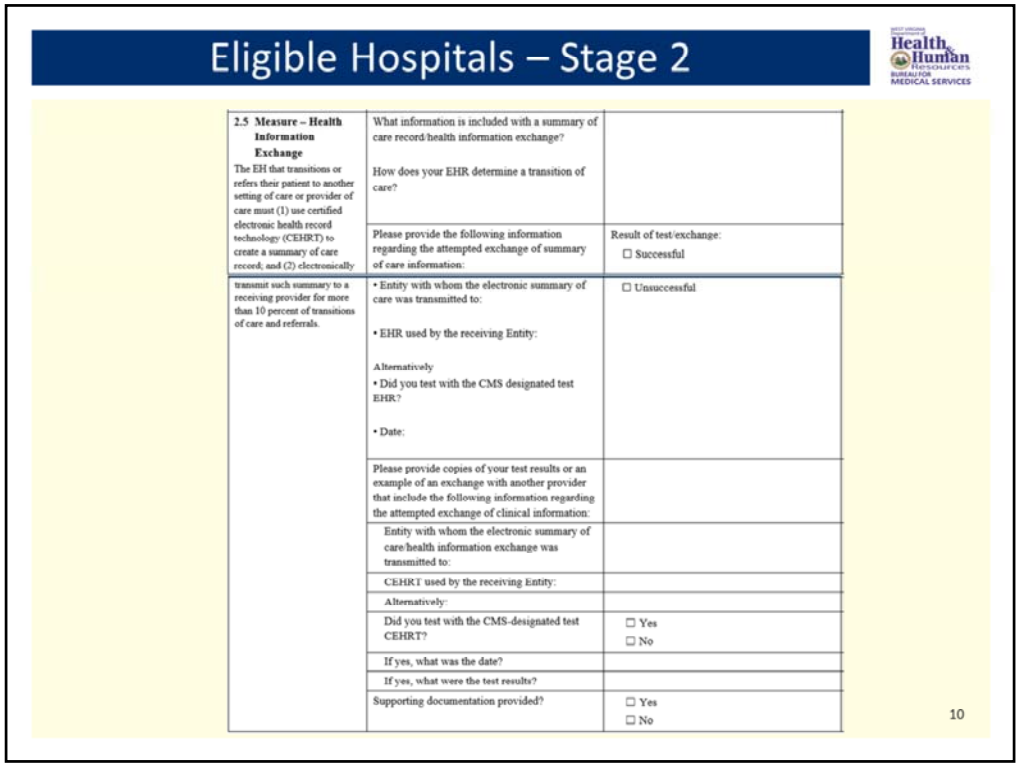
Objective 2.3 C refers to the Radiology Orders specific measure qualification. The EP should provide evidence that more than 30% of radiology orders were captured using computerized provider order entry. Documentation that can be used to support this measure is a screenshot or report from the CEHRT that shows how these entries are recorded and tracked in the CEHRT.



Objective 2.4 is referring to the E-Prescribing measure.

The EH should indicate if they qualified for an exclusion for this measure. A valid exclusion can be taken by any eligible hospital or CAH that does not have an internal pharmacy that can accept electronic prescriptions and is not located within 10 miles of any pharmacy that accepts electronic prescriptions at the start of their EHR reporting period.

The EH should provide evidence that more than 10% of permissible prescriptions were queried for a drug formulary and transmitted electronically to a pharmacy. Documentation should show that prescriptions are prescribed through the CEHRT and that a drug formulary was in place and checks were performed.

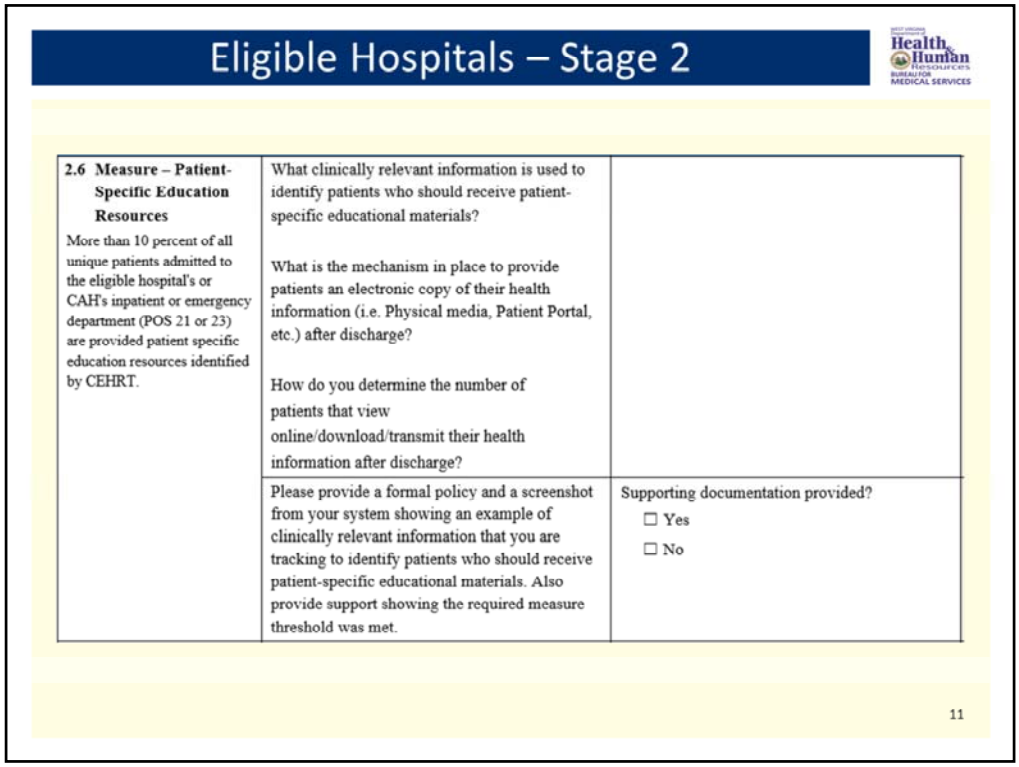


Objective 2.5 is for the Health Information Exchange measure.

There is not an applicable exclusion for Stage 2 for this measure.

The EH should provide evidence that, for at least 10% of transitions out, a summary of care was created using the CEHRT AND transmitted electronically to the receiving provider. For this measure, list or provide an example of what information is included in the EH's summary of care information that is created in the CEHRT. Copies of test results for the attempted exchange of clinical information are required. The entity with whom the summary of care information was exchanged with and what CEHRT the receiving entity used must be included.

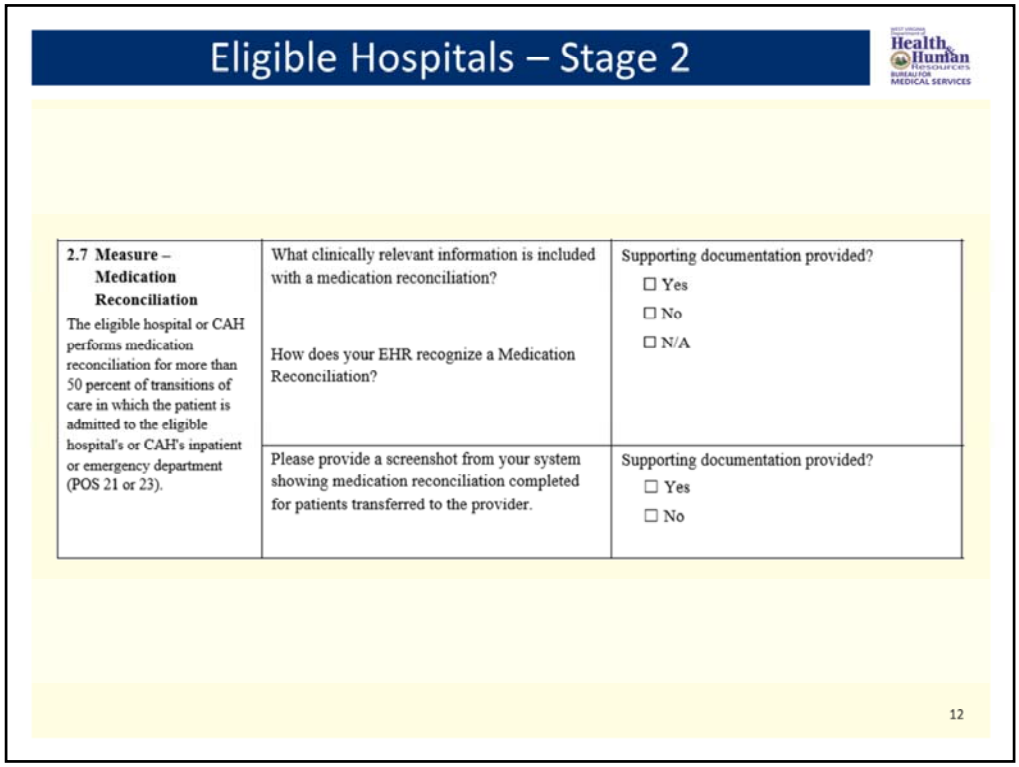
Did the EH test with the CMS designated test CEHRT? If yes, make sure both the date and test results are included. Check off whether the test results were successful or not. The test result copies should be submitted as documentation as well.



Objective 2.6 is referring to the Patient Specific Education Resources measure.

There is not an applicable exclusion for stage 2 for this measure.

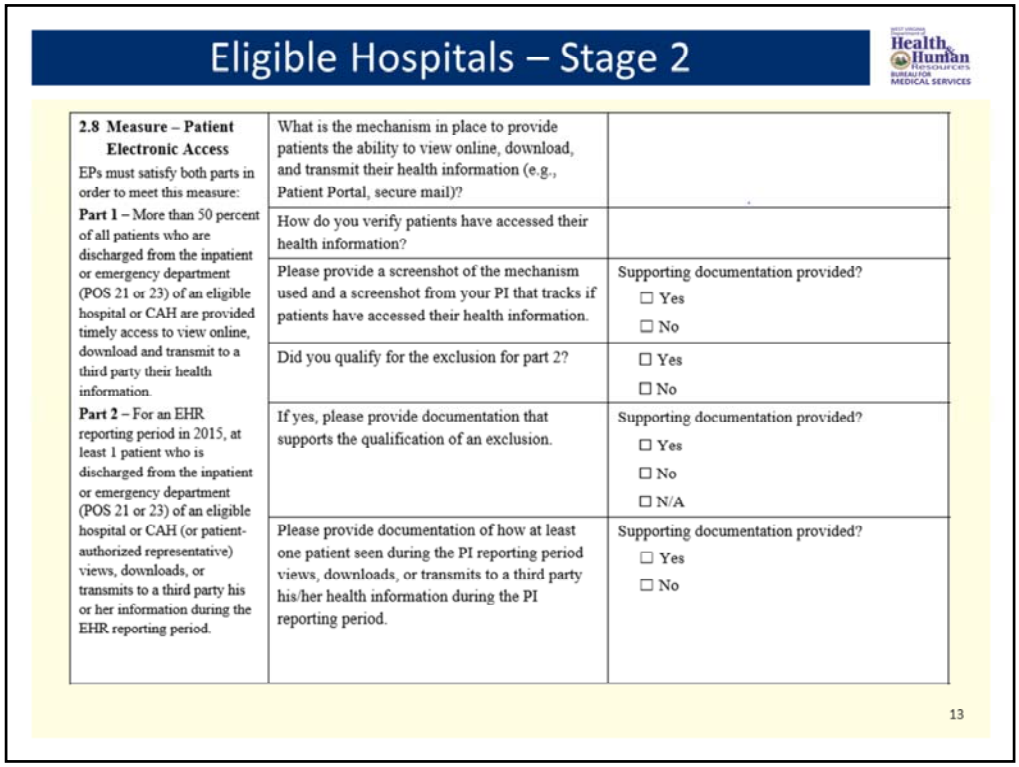
This measure tracks what clinically relevant information is used to identify patients to receive patient specific educational materials. The EH should provide evidence that more than 10% of unique patients seen during the PI reporting period received patient specific education identified by the CEHRT. Documentation for this measure must be a dashboard showing the threshold is met, and a screenshot from your system showing an example of clinically relevant information that you are tracking to identify patients who should receive patient-specific educational materials and a formal policy.



Objective 2.7 is referring to the Medication Reconciliation measure.

There is not an applicable exclusion for stage 2 for this measure.

The EP should provide evidence of medication reconciliation being performed for more than 50% of transitions of care into the EP's care. Upon a patient's transition into the EH's care, what clinically relevant information is included in the medication reconciliation? Documentation from the EP's system, such as a printout or screenshot, should support this answer.



Eligible Hospitals – Stage 2

2.8 Measure – Patient Electronic Access EPs must satisfy both parts in order to meet this measure: **Part 1** – More than 50 percent of all patients who are discharged from the inpatient or emergency department (POS 21 or 23) of an eligible hospital or CAH are provided timely access to view online, download and transmit to a third party their health information. **Part 2** – For an EHR reporting period in 2015, at least 1 patient who is discharged from the inpatient or emergency department (POS 21 or 23) of an eligible hospital or CAH (or patient-authorized representative) views, downloads, or transmits to a third party his or her information during the EHR reporting period.	What is the mechanism in place to provide patients the ability to view online, download, and transmit their health information (e.g., Patient Portal, secure mail)?	
	How do you verify patients have accessed their health information?	
	Please provide a screenshot of the mechanism used and a screenshot from your PI that tracks if patients have accessed their health information.	Supporting documentation provided? ☐ Yes ☐ No
	Did you qualify for the exclusion for part 2?	☐ Yes ☐ No
	If yes, please provide documentation that supports the qualification of an exclusion.	Supporting documentation provided? ☐ Yes ☐ No ☐ N/A
	Please provide documentation of how at least one patient seen during the PI reporting period views, downloads, or transmits to a third party his/her health information during the PI reporting period.	Supporting documentation provided? ☐ Yes ☐ No

13

Objective 2.8 is referring to the Patient Electronic Access measure.

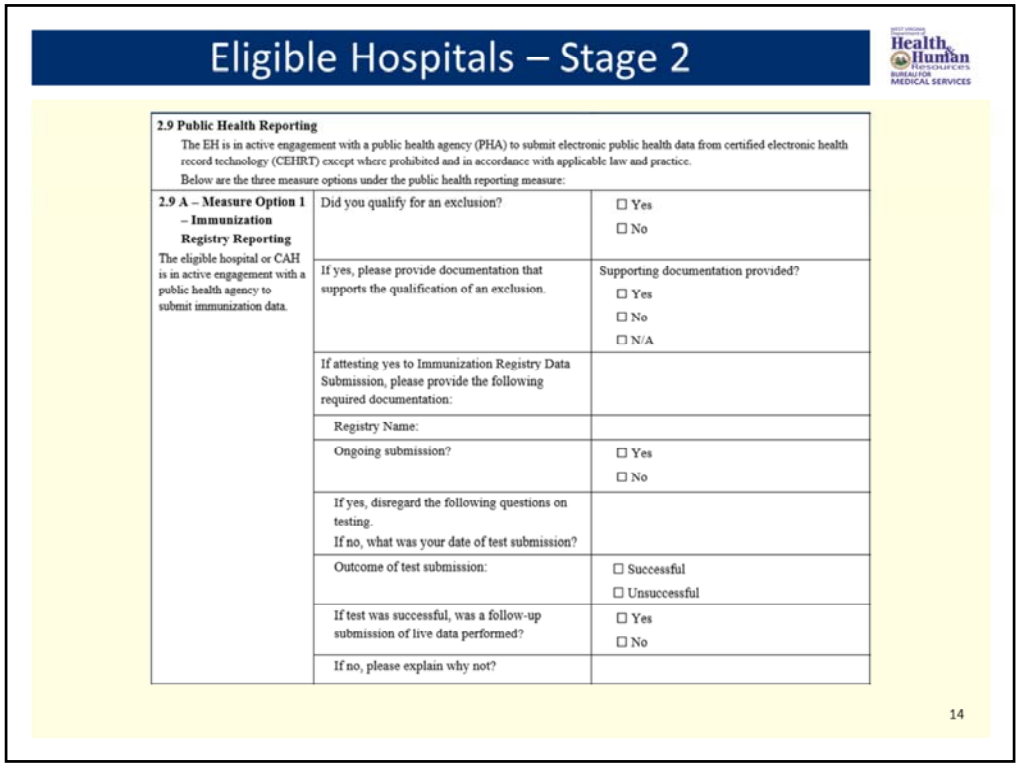
The EH should indicate if they qualified for an exclusion for this measure. For the second part of the measure, a valid exclusion can be taken for any eligible hospital or CAH that is located in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting. .

<u>There are two parts for this measure:</u>

First the EP must provide evidence that more than 50% of unique patients seen during the PI period are provided timely access to view online, download, and transmit to a third party their health information. An explanation of what mechanisms are in place to provide patients an electronic access of their health information should be provided. Explain how the EH or CAH verifies patients have accessed their health information. A screenshot of the mechanism used and a screenshot from your CEHRT that tracks if patients have accessed their health information. Documentation regarding the percentage of unique patients who have been provided access is needed.

For the second part, the EH must provide evidence that (a screenshot or similar evidence) of at least 1 patient (or their authorized representative) seen during the PI reporting period views, downloads, or transmits to a third party his/her health information during the PI reporting period. A screenshot of the portal and a screenshot of the system tracking this measure is required documentation.

NOTE: If compliance with these measures is not tracked in the CEHRT, it will be extremely difficult for compliance to be verified since there is no way to verify that the EH or CAH posted information about the portal or told their patients about it.



Objective 2.9 is related to the Public Health Reporting Measure. There are four possible measures, EHs must meet, or take a valid exclusion for all four measures.

Measure 2.9 A is related to Immunization Registries Data Submission/Registry Reporting.

The EH or CAH should indicate if they qualified for an exclusion for this measure. Any eligible hospital or CAH meeting one or more of the following criteria may be excluded from the immunization registry reporting measure if the eligible hospital, or CAH—

- *Does not administer any immunizations to any of the populations for which data is collected by its jurisdiction's immunization registry or immunization information system during the EHR reporting period;*
- *Operates in a jurisdiction for which no immunization registry or immunization information system is capable of accepting the specific standards required to meet the CEHRT definition at the start of the EHR reporting period; or*
- *Operates in a jurisdiction where no immunization registry or immunization information system has declared readiness to receive immunization data from the eligible hospital or CAH at the start of the EHR reporting period.*

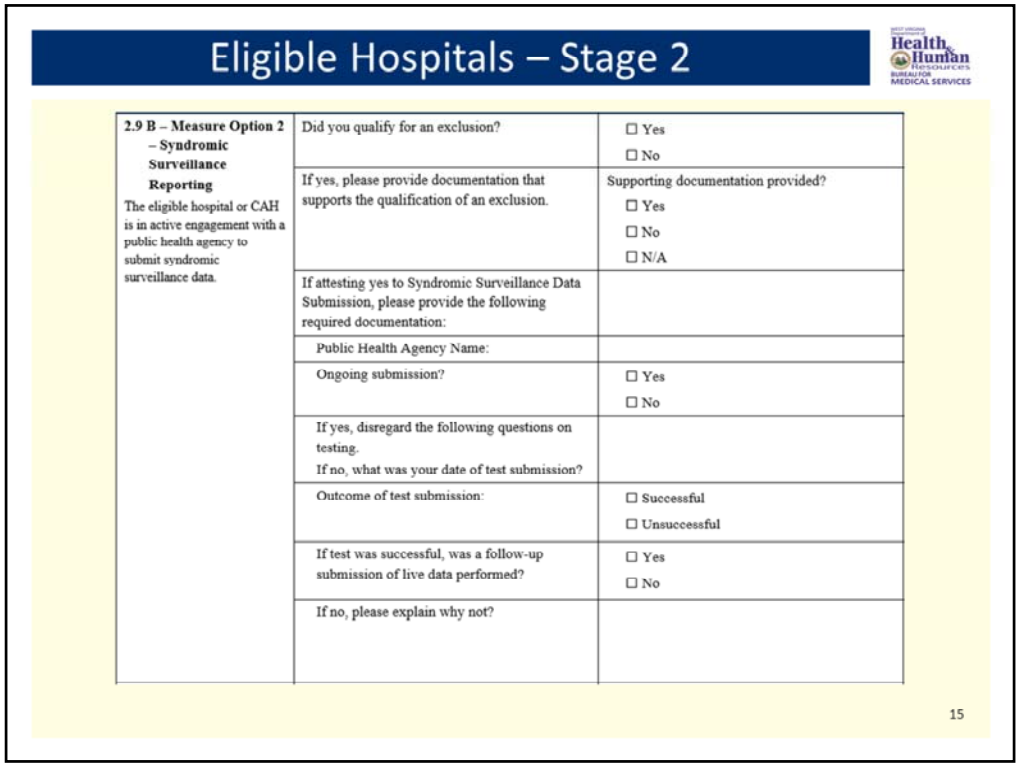
If the EH or CAH selected “yes” for this measure, then the EH or CAH must provide

the public health agency name.

Is this an ongoing submission? If yes, list the date of the test submission and the outcome explaining if the test was successful.

If the test was successful, was there a follow-up submission of live data? Provide documentation of the test submission with the results documented and the date.

If the EH or CAH attested “yes” to meeting the exclusion, check off which circumstance the EH or CAH met and provide documentation that supports the exclusion.



Measure 2.9 B is related to Syndromic Surveillance Data Submission/Reporting.

The EH or CAH should indicate if they qualified for an exclusion for this measure. Any eligible hospital or CAH meeting one or more of the following criteria may be excluded from the immunization registry reporting measure if the eligible hospital, or CAH—

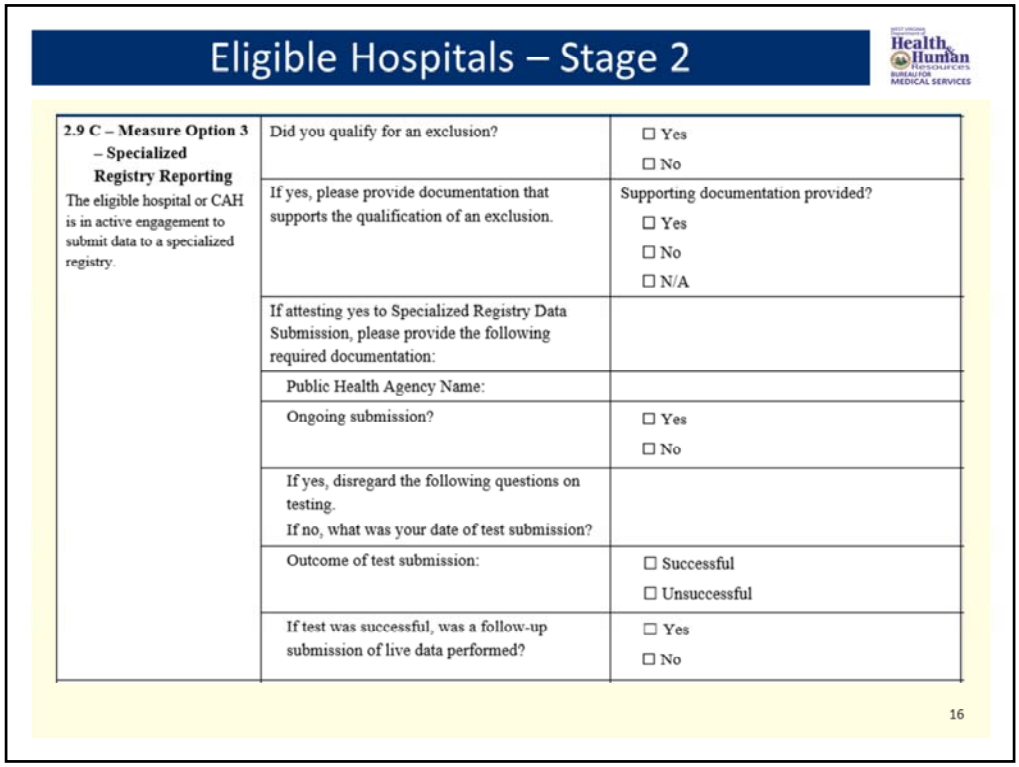
- *Does not have an emergency or urgent care department;*
- *Operates in a jurisdiction for which no public health agency is capable of receiving electronic syndromic surveillance data from eligible hospitals or CAHs in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period; or*
- *Operates in a jurisdiction where no public health agency has declared readiness to receive syndromic surveillance data from eligible hospitals or CAHs at the start of the EHR reporting period.*

If the EH or CAH selected "yes" for this measure, then the EH or CAH must provide the public health agency name.

Is this an ongoing submission? If yes, list the date of the test submission and the outcome explaining if the test was successful.

If the test was successful, was there a follow-up submission of live data? Provide documentation of the test submission with the results documented and the date.

If the EH or CAH attested “yes” to meeting the exclusion, check off which circumstance the EH or CAH met and provide documentation that supports the exclusion.



Eligible Hospitals – Stage 2

2.9 C – Measure Option 3 – Specialized Registry Reporting The eligible hospital or CAH is in active engagement to submit data to a specialized registry.	Did you qualify for an exclusion?	☐ Yes ☐ No
	If yes, please provide documentation that supports the qualification of an exclusion.	Supporting documentation provided? ☐ Yes ☐ No ☐ N/A
	If attesting yes to Specialized Registry Data Submission, please provide the following required documentation:	
	Public Health Agency Name:	
	Ongoing submission?	☐ Yes ☐ No
	If yes, disregard the following questions on testing. If no, what was your date of test submission?	
	Outcome of test submission:	☐ Successful ☐ Unsuccessful
	If test was successful, was a follow-up submission of live data performed?	☐ Yes ☐ No

16

Measure 2.9 C is related to Specialized Registry Reporting.

The EH or CAH should indicate if they qualified for an exclusion for this measure. Any eligible hospital or CAH meeting one or more of the following criteria may be excluded from the immunization registry reporting measure if the eligible hospital, or CAH—

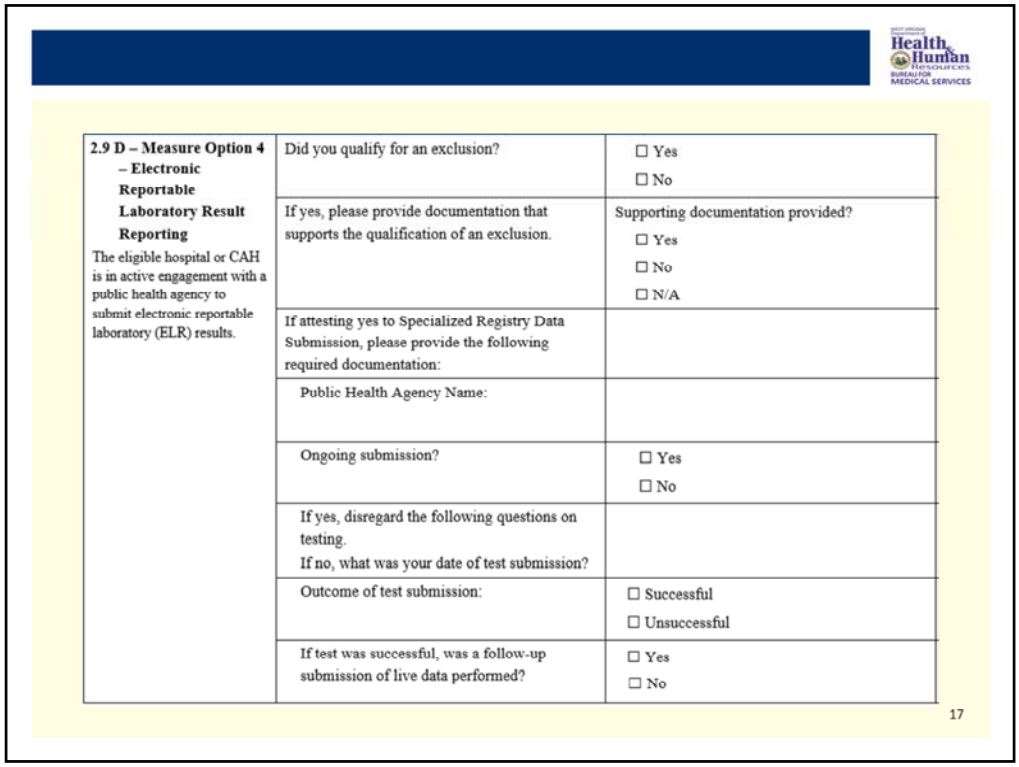
- *Does not diagnose or treat any disease or condition associated with, or collect relevant data that is collected by, a specialized registry in their jurisdiction during the EHR reporting period;*
- *Operates in a jurisdiction for which no specialized registry is capable of accepting electronic registry transactions in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period; or*
- *Operates in a jurisdiction where no specialized registry for which the eligible hospital or CAH is eligible has declared readiness to receive electronic registry transactions at the beginning of the EHR reporting period.*

If the EH or CAH selected “yes” for this measure, then the EH or CAH must provide the public health agency name.

Is this an ongoing submission? If yes, list the date of the test submission and the outcome explaining if the test was successful.

If the test was successful, was there a follow-up submission of live data? Provide documentation of the test submission with the results documented and the date.

If the EH or CAH attested “yes” to meeting the exclusion, check off which circumstance the EH or CAH met and provide documentation that supports the exclusion.



2.9 D – Measure Option 4 – Electronic Reportable Laboratory Result Reporting The eligible hospital or CAH is in active engagement with a public health agency to submit electronic reportable laboratory (ELR) results.	Did you qualify for an exclusion?	☐ Yes ☐ No
	If yes, please provide documentation that supports the qualification of an exclusion.	Supporting documentation provided? ☐ Yes ☐ No ☐ N/A
	If attesting yes to Specialized Registry Data Submission, please provide the following required documentation:	
	Public Health Agency Name:	
	Ongoing submission?	☐ Yes ☐ No
	If yes, disregard the following questions on testing. If no, what was your date of test submission?	
	Outcome of test submission:	☐ Successful ☐ Unsuccessful
	If test was successful, was a follow-up submission of live data performed?	☐ Yes ☐ No

17

Measure 2.9 D is related to Electronic Reportable Laboratory Result Reporting

The EH or CAH should indicate if they qualified for an exclusion for this measure. Any eligible hospital or CAH meeting one or more of the following criteria may be excluded from the immunization registry reporting measure if the eligible hospital, or CAH—

- *Does not perform or order laboratory tests that are reportable in their jurisdiction during the EHR reporting period;*
- *Operates in a jurisdiction for which no public health agency is capable of accepting the specific ELR standards required to meet the CEHRT definition at the start of the EHR reporting period; or*
- *Operates in a jurisdiction where no public health agency has declared readiness to receive electronic reportable laboratory results from eligible hospitals or CAHs at the start of the EHR reporting period.*

If the EH or CAH selected “yes” for this measure, then the EH or CAH must provide the public health agency name.

Is this an ongoing submission? If yes, list the date of the test submission and the outcome explaining if the test was successful.

If the test was successful, was there a follow-up submission of live data? Provide

documentation of the test submission with the results documented and the date.

If the EH or CAH attested “yes” to meeting the exclusion, check off which circumstance the EH or CAH met and provide documentation that supports the exclusion.

This concludes the Eligible Provider Questionnaire Walk-Through Presentation. If you have any additional questions, please email the State at dhhrbms@wv.gov or call the State at (304) 558-1700.