Desk Audit Questionnaire Directions

Please complete each applicable objective by including your responses in the "EP's Responses" column of the questionnaire. Additionally, as applicable, for each objective, please provide documentation supporting each of your responses.

General Information

The purpose of this section is to understand basic information about your practice and the strategy employed to meet Modified Stage 3 MU requirements. Information obtained in this section is used to provide additional context to your attestation during the review process.

Objective		EP's Responses	Auditor's Comments (For State Use Only)	W/P Reference (For State Use Only)
1.1. Identification Information	Name:			
	NPI:			
	Pay to Name:			
	Pay to NPI:			
1.2. Group Affiliation EP employed or contracted to work within groups/clinics and/or if attested using group proxy.	Are you an Employee or Contracted Physician of a Health Network/System? If yes, please provide the following information:	☐ Yes ☐ No		
	System/Network Name(s):			
	Number of EPs in each System/Network:			
	Did you attest using group proxy?	☐ Yes ☐ No		
	If yes, please list the organization name and NPI:			
	List all providers affiliated with this organization NPI **during the patient volume date range** (This date range can be found on your attestation or in the audit letter sent with this questionnaire.):			

Objective		EP's Responses	Auditor's Comments (For State Use Only)	W/P Reference (For State Use Only)
1.3. Certified Electronic Health Record Technology (CEHRT)	What is your CEHRT number?			
	Please provide, for year being attested to **(2019)**, details of your CEHRT software maker, software version, and documentation showing date of CEHRT implementation.			
	Please provide documentation showing your legal or financial commitment to your CEHRT. This can include: bill(s) of sale, receipts, contracts, maintenance agreements, licenses, canceled checks, or other documentation.			
	Does your CEHRT meet the 2015 standards or a combination of the two?	☐ Yes ☐ No		
	Please list the practice location(s) equipped with your CEHRT:			
	Is your CEHRT the same one you attested with in prior years?	☐ Yes ☐ No		
	Are you employed, or contracted to work for multiple employers or at multiple locations?	☐ Yes ☐ No		
	Do your employers use different CEHRT?	☐ Yes ☐ No		
	If yes, please list the CEHRT if it is different than the one stated above, along with the locations and addresses of your employers:			
	Supporting documentation provided?	☐ Yes ☐ No		

Objective		EP's Responses	Auditor's Comments (For State Use Only)	W/P Reference (For State Use Only)
1.4. Patient Volume Percentage requirement (30% for all providers, except providers who specialize in pediatrics who must meet 20%). Note that patients may only be counted once per day. *If you attested using patient volume data for practicing predominantly at an FQHC or RHC and using needy patient volume, please proceed to objective **1.5.*** *The patient volume date range must be a continuous 90-day period in the preceding calendar year. For example, for attestations in 2019, the patient volume date range would have to be in 2018.*	**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):			
	Medicaid Fee-For-Service (FFS):			
	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. 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: PI/Practice Management (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 ☐ N/A		
	Please provide a patient volume system-generated report in a **Microsoft Excel**, or other compatible spreadsheet software, format with a system stamp	Supporting documentation provided? ☐ Yes ☐ No		

Objective		EP's Responses	Auditor's Comments (For State Use Only)	W/P Reference (For State Use Only)
	showing it is generated from within your CEHRT **AND** a screenshot of the CEHRT'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.**	☐ N/A		
1.5. FQHC/RHC Patient Volume	If you attested using patient volume data for practicing predominantly at an FQHC or RHC and using needy patient volume, please answer the information below:			
	FQHC/RHC practicing predominantly patient volume Please provide your practicing predominantly patient volume used during attestation. Please be sure this is a detailed list that includes each encounter location. If multiple locations, provide the patient volume by location, including billed encounters. This is for the **six-month period** used during the attestation and uses the total encounters at an FQHC/RHC over total encounters at all locations. *This should only be for the provider attesting.*	Supporting documentation provided? ☐ Yes ☐ No ☐ N/A		
	Total at FQHC/RHC:			
	Total Encounters:			

Objective		EP's Responses	Auditor's Comments (For State Use Only)	W/P Reference (For State Use Only)
	Needy Patient Volume at FQHC/RHC Provide needy patient volume documentation for the 90-day patient volume period. The encounters that can be included in needy patient volume: *Medicaid, Title XXI CHIP, Sliding Fee, and Uncompensated.*			
	EP Attestation Numerator (the total number of Medicaid encounters the provider treated in the reporting period):			
	Medicaid Out-of-State (list):			
	Medicaid Patients:			
	Title XXI CHIP Enrollees:			
	Uncompensated:			
	Sliding Fee:			
	Total Needy Patient 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:* CEHRT / *PM reports, records with signed attestations from a Director/Supervisor, and*	Procedures: Supporting documentation provided? ☐ Yes ☐ No ☐ N/A		

Objective		EP's Responses	Auditor's Comments (For State Use Only)	W/P Reference (For State Use Only)
	documentation supporting the patient volume calculations for each practice location.			
	Please provide a patient volume system-generated report in a **Microsoft Excel,** or other compatible spreadsheet software, format with a system stamp showing it is generated from within your CEHRT **AND** a screenshot of the CEHRT'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 ☐ N/A		
1.6. PA-led FQHC or RHC	Are you a PA practicing in a PA-led FQHC or RHC?	☐ Yes ☐ No		
	If yes, please provide documentation showing the EP is practicing in FQHC/RHC that is so led by a PA that is: the primary provider in the clinic, is a clinical or medical Director at the site of practice, or is an owner of the RHC. This documentation should include a signed attestation from a Director/Supervisor.	Supporting documentation provided? ☐ Yes ☐ No ☐ N/A		
1.7. Unique Patients CMS' definition of a unique patient:	Please describe the definition used for unique patients, including what visit types are included in this calculation, for your MU reports.			

Objective		EP's Responses	Auditor's Comments (For State Use Only)	W/P Reference (For State Use Only)
"If a patient is seen by an EP more than once during the EHR reporting period, then for purposes of measurement that patient is only counted once in the denominator for the measure." The denominator for multiple MU measures is the *"number of unique patients seen by the EP during the PI/EHR reporting period."* *The unique patient date range is the CEHRT date range selected for reporting measure thresholds.*	What visit types are included in the calculation of unique patients for MU reports?			
	Supporting documentation provided? *Examples of acceptable documentation could include a system policy that identifies how unique patients are counted, along with a system-generated report, or list of visit types included in the count.*	☐ Yes ☐ No		
1.8. Percentage of unique patients seen at location equipped with CEHRT during reporting period *and* percentage of	Briefly describe the procedures performed to determine unique patients seen during the PI reporting period in your practice.	Procedures:		
	Please explain how this population is determined if you are practicing in multiple locations or groups.			

Objective		EP's Responses	Auditor's Comments (For State Use Only)	W/P Reference (For State Use Only)
unique patients' information maintained using CEHRT during reporting period	Please provide documentation to support your response. This should include a detailed list of all patients counted as unique patients during the PI date range. *Examples of acceptable forms of supporting documentation include: CEHRT/PM reports, records with signed attestations from a Director/Supervisor, and documentation supporting the unique patient counts for each practice location.*	Supporting documentation provided? ☐ Yes ☐ No		
	Please include the percentage of unique patients who were seen at a location equipped with CEHRT during the PI reporting period: $\frac{\text{Number of unique patients seen at a location with an CEHRT}}{\text{Total number of unique patients}}$			
	Please include the percentage of unique patients whose information is maintained using CEHRT during the PI reporting period: $\frac{\text{Number of unique patients maintained in CEHRT}}{\text{Total number of unique patients}}$			
	For both percentages listed above, please provide detailed documentation that shows how the numbers and percentages are verified.	Supporting documentation provided? ☐ Yes ☐ No		

Objective		EP's Responses	Auditor's Comments (For State Use Only)	W/P Reference (For State Use Only)
	What procedures are performed to determine unique patients seen during the PI reporting period in your practice?	Procedures:		
1.9. Exclusions During the attestation process, you may have qualified for certain exclusions from meeting the requirements of a measure. Please list all measures for which you met the exclusion criteria and a brief description of the circumstances which caused you to meet the criteria.	Exclusion:			
	Explanation:			
	Exclusion:			
	Explanation:			
	Supporting documentation provided?	☐ Yes ☐ No ☐ N/A		

Attestation

The following questions are related to specific measures, which you are required to meet in order to achieve Modified Stage 3 MU. All measures must be answered and supporting documentation provided.

Objective		EP's Responses	Auditor's Comments (For State Use Only)	W/P Reference (For State Use Only)
2.1 Measure – Protect Electronic Health Information Conduct or review a security risk analysis in accordance with the requirements in 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of ePHI created or maintained by 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 the eligible professional's (EP) risk management process. Note: Many EPs have contracted with third parties to conduct a security risk assessment.	Who performed the security risk analysis of your CEHRT and what criteria/standard were used?			
	Provide a copy of the risk assessment that should include a final report, asset inventory, and date of assessment (which should fall within the attestation calendar year).	Supporting documentation provided? ☐ Yes ☐ No		
	Were deficiencies identified?	☐ Yes ☐ No		
	If yes, please list the deficiencies and describe the steps taken to address the identified deficiencies in a timely manner. Please note, risk assessments in consecutive years should be provided, along with any other supporting documentation available, to assist in verifying that identified deficiencies were remediated.			
	Is the date on the SRA within the program year?	☐ Yes ☐ No		
2.2 Measure – Electronic Prescribing (eRx) More than 60 percent of all permissible prescriptions written by the eligible professional (EP) are queried	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		

Objective		EP's Responses	Auditor's Comments (For State Use Only)	W/P Reference (For State Use Only)
for a drug formulary and transmitted electronically using certified electronic health record technology (CEHRT).		☐ N/A		
	Please provide the policy and procedure of ordering electronically with the use of e-Prescriptions.	Supporting documentation provided? ☐ Yes ☐ No		
	Please provide a screenshot of the capabilities of e-Prescribing ordering being implemented and used.	Supporting documentation provided? ☐ Yes ☐ No		
	Please provide documentation showing that the threshold of the prescriptions recorded using your CEHRT were met.	Supporting documentation provided? ☐ Yes ☐ No		
	If applicable, please provide documentation showing that your system automatically and electronically indicates drug formulary checks. This can be in the form of a system screenshot dated during the PI reporting period.	Supporting documentation provided? ☐ Yes ☐ No ☐ N/A		
2.3 Measure – Clinical Decision Support Rule Eligible professionals (EPs) must satisfy both of the following parts in order to meet the objective: **Part 1** – Implement 5 CDS interventions related to four or more clinical quality measures (CQMs) at a relevant point in patient care for the entire Promoting Interoperability	Did you qualify for an exclusion for the part 2?	☐ Yes ☐ No		
	If yes, please provide documentation that supports the qualification of an exclusion.	Supporting documentation provided? ☐ Yes ☐ No ☐ N/A		
	Please describe the workflow used to meet the Modified Stage 3 criteria.			

Objective		EP's Responses	Auditor's Comments (For State Use Only)	W/P Reference (For State Use Only)
(PI) reporting period. Absent 4 CQMs related to an EP's scope of practice or patient population, the CDS interventions must be related to high-priority health conditions. **Part 2** – The EP has enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire PI reporting period. Please note, the CDSR is different than the CQM requirement. These need to aid directly in clinical decision making at a relevant point in patient care and improve patient care in some manner.	Please provide a screenshot from your system that shows how your CEHRT tracks compliance of Modified Stage 3 criteria.	Supporting documentation provided? ☐ Yes ☐ No		
	Please provide documentation showing that your system automatically and electronically indicates drug-drug and drug-allergy contraindications. This can be in the form of a system screenshot dated during the PI reporting period.	Supporting documentation provided? ☐ Yes ☐ No ☐ N/A		
2.4 Measure – CPOE An eligible professional (EP), through a combination of meeting the thresholds and exclusions (or both), must satisfy all three measures for this objective below:				
2.4 A – Medication Orders More than 60 percent of medication orders created by the EP during the Promoting Interoperability (PI) reporting period are recorded using CPOE.	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		

Objective		EP's Responses	Auditor's Comments (For State Use Only)	W/P Reference (For State Use Only)
	Please provide a screenshot or a report from the CEHRT system showing that medication orders are recorded in your CEHRT.	Supporting documentation provided? ☐ Yes ☐ No		
	Please provide documentation showing that the threshold of the orders recorded using your CEHRT were met.	Supporting documentation provided? ☐ Yes ☐ No		
2.4 B – Laboratory Orders More than 60 percent of laboratory orders created by the EP during the PI reporting period are recorded using CPOE.	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		
	Please provide a screenshot or a report from the CEHRT system showing that laboratory orders are recorded in your CEHRT.	Supporting documentation provided? ☐ Yes ☐ No		
	Please provide documentation showing that the threshold of the orders recorded using your CEHRT were met.	Supporting documentation provided? ☐ Yes ☐ No		
2.4 C – Radiology Orders More than 60 percent of diagnostic imaging orders created by the EP during the	Did you qualify for an exclusion?	☐ Yes ☐ No		
	If yes, please provide documentation that supports the qualification of an exclusion.	Supporting documentation provided? ☐ Yes		

Objective		EP's Responses	Auditor's Comments (For State Use Only)	W/P Reference (For State Use Only)
PI reporting period are recorded using CPOE.		☐ No ☐ N/A		
	Please provide a screenshot or a report from the CEHRT system showing that radiology orders are recorded in your CEHRT.	Supporting documentation provided? ☐ Yes ☐ No		
	Please provide documentation showing that the threshold of the orders recorded using your CEHRT were met.	Supporting documentation provided? ☐ Yes ☐ No		
2.5 Measure – Patient Electronic Access to Health Information EPs must satisfy both parts in order to meet this measure: **Part 1** – More than 80 percent of all unique patients seen by the EP during the PI are: **1**. Provided timely access to view online, download, and transmit his or her health information; and **2**. Ensured that their patient health information is available for the patient (or patient-authorized representative) to access using any application of their choice that is configured to meet the technical specifications of the Application Programming Interface (API) in the provider's certified electronic health record technology (CEHRT).	Did you qualify for an exclusion(s) for either part 1 or part 2?	☐ Yes ☐ No		
	If yes, please provide documentation that supports the qualification of an exclusion(s).	Supporting documentation provided? ☐ Yes ☐ No ☐ N/A		
	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		

Objective		EP's Responses	Auditor's Comments (For State Use Only)	W/P Reference (For State Use Only)
Part 2 – The EP must use clinically relevant information from CEHRT to identify patient-specific educational resources and provide electronic access to those materials to more than 35 percent of unique patients seen by the EP during the PI/EHR reporting period.	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		
	What clinically relevant information is used to identify patients who should receive patient-specific educational materials?			
	Please provide a formal policy and a screenshot from your system showing an example of clinically relevant information that you are electroncally tracking to identify patients who should receive patient-specific educational materials.	Supporting documentation provided? ☐ Yes ☐ No		
2.6 Measure – Coordination of Care through Patient Engagement An EP must attest to all three measures and meet the threshold for two measures. If the EP meets the criteria for exclusion from two measures, they must meet the threshold for the one remaining measure. It they meet the criteria for exclusion from all three measures, they may be excluded from meeting this objective.	Did you qualify for an exclusion for any or all of the parts?	☐ Yes ☐ No		
	If yes, please provide documentation that supports the qualification of an exclusion.	Supporting documentation provided? ☐ Yes ☐ No ☐ N/A		
	Please describe your CEHRT's cabapilities to allow patients to electronically view, download or transmit their health information and/or acess their health information throught he use of an API.	Supporting documentation provided? ☐ Yes ☐ No		
Part 1: More than 5 percent of all unique patients (or their	What capability do you have in place for secure electronic messaging to			

Objective		EP's Responses	Auditor's Comments (For State Use Only)	W/P Reference (For State Use Only)
authorized representatives) seen by the EP actively engage with the PI/EHR made accessible by the EP and either— (1) View, download, or transmit to a third party their health information; or (2) Access their health information through the use of an Application Programming Interface (API) that can be used by applications chosen by the patient and configured to the API in the EP's CEHRT; or (3) A combination of (1) and (2) **Part 2:** For more than 5 percent of all unique patients seen by the EP during the PI/EHR reporting period, a secure message was sent using the electronic messaging function of CEHRT to the patient (or the patient-authorized representative), or in response to a secure message sent by the patient or their authorized representative. **Part 3:** Patient generated health data or data from a nonclinical setting is incorporated into the CEHRT for more than 5 percent of all unique patients seen by the EP during the PI/EHRreporting period.	communicate with patients on relevant health information?			
	Please provide a screenshot or email confirmation showing the use of secure electronic messaging.	Supporting documentation provided? ☐ Yes ☐ No		
	Please also provide a formal policy outlining secure electronic messaging capabilities.	Supporting documentation provided? ☐ Yes ☐ No		
	Did you use the CEHRT to engage with patients or their authorized representatives about the patient's care?	Supporting documentation provided? ☐ Yes ☐ No		
	Please describe your policy around incorcorating patient generated health data or data from a non-clinical setting into the CERHT.	Supporting documentation provided? ☐ Yes ☐ No		

Objective		EP's Responses	Auditor's Comments (For State Use Only)	W/P Reference (For State Use Only)
2.7 Measure – Health Information Exchange The EP that transitions or refers their patient to another setting of care or provider of care or retrieves a summary of care record upon the receipt of a transition or referral or upon the first patient encounter with a new patient, and incorporates summary of care information from other providers into their ER using the functions of the CEHRT must— An EP must attest to all three measures and meet the threshold for two measures. IF the EP meets the criteria for exclusion from two measures, they must meet the threshold for the one remaining measure. IF they meet the criteria for exclusion for all three measures, they may be excluded from meeting this objective. **Part 1:** For more than 50 percent of transitions of care and referrals, the EP that transitions or refers their patient to another setting of care or provider of care: (1) Creates a summary of care record using CEHRT; and	Did you qualify for an exclusion for any or all of the parts?	☐ Yes ☐ No		
	If yes, please provide documentation that supports the qualification of each exclusion.	Supporting documentation provided? ☐ Yes ☐ No ☐ N/A		
	What information is included with a summary of care record/health information exchange?			
	Result of test/exchange:	☐ Successful ☐ Unsuccessful		
	Please provide copies of your test results or an example of an exchange with another provider that include the following information regarding the attempted exchange of clinical information:			
	Entity with whom the electronic summary of care/health information exchange was transmitted to:			
	CEHRT used by the receiving Entity:			
	Alternatively:			
	Did you test with the CMS-designated test CEHRT?	☐ Yes ☐ No		
	If yes, what was the date?			
	If yes, what were the test results?			

Objective		EP's Responses	Auditor's Comments (For State Use Only)	W/P Reference (For State Use Only)
(2) Electronically exchanges the summary of care record	Supporting documentation provided?	☐ Yes ☐ No		
Part 2: For more than 40 percent of transitions or referrals received and patient encounters in which the EP has never before encountered the patient, he/she incorporates into the patient's PI/EHR an electronic summary of care document. **Part 3:** For more than 80 percent of transitions or referrals received and patient encounters in which the EP has never before encountered the patient, he/she performs a clinical information reconciliation. The EP must implement clinical information reconciliation for the following three clinical information sets: (1) Medication. Review of the patient's medication, including the name, dosage, frequency, and route of each medication. (2) Medication allergy. Review of the patient's known medication allergies. (3) Current Problem list. Review of the patient's current and active diagnoses.	Please provide a screenshot from your system showing clinical information reconciliation reconciliation completed for patients transferred to the provider, for all three clinical information sets.	Supporting documentation provided? ☐ Yes ☐ No		

Objective		EP's Responses	Auditor's Comments (For State Use Only)	W/P Reference (For State Use Only)
2.8 Public Health and Clinical Data Registry Reporting The EP is in active engagement with a public health agency (PHA) or clinical data registry (CDR) to submit electronic public health data in a meaningful way using certified electronic health record technology (CEHRT), except where prohibited, and in accordance with applicable law and practice. Below are the five measure options under the public health and clinical data registry reporting measure, of which the EP must satisty two measures or take exclusions for all:				
2.8 A – Measure Option 1 – Immunization Registry Reporting The EP is in active engagement with a PHA to submit immunization data and receive immunization forecasts and histories from the public health immunization registry/immunization information system (IIS)	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 Immunization Registry Data Submission, please provide the following required documentation:			
	Registry 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		
	If no, please explain why not?			

Objective		EP's Responses	Auditor's Comments (For State Use Only)	W/P Reference (For State Use Only)
2.8 B – Measure Option 2 – Syndromic Surveillance Reporting The EP is in active engagement with a PHA to submit syndromic surveillance data.	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 Syndromic Surveillance 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		
	If no, please explain why not?			
	Did you qualify for an exclusion?	☐ Yes ☐ No		

Objective		EP's Responses	Auditor's Comments (For State Use Only)	W/P Reference (For State Use Only)
2.8 C – Measure Option 3 – Electronic Case Reporting The EP is in active engagement with a PHA to submit case reporting of reportable conditions.	If yes, please provide documentation that supports the qualification of an exclusion.	Supporting documentation provided? ☐ Yes ☐ No ☐ N/A		
	If attesting yes to Electronic Case Reporting, 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		
2.8 D – Measure Option 4 – Public Health Registry Reporting The EP is in active engagement with a PHA to submit data to public health registries.	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 Public Health Registry Data Submission, please			

Objective		EP's Responses	Auditor's Comments (For State Use Only)	W/P Reference (For State Use Only)
	provide the following required documentation:			
	Registry 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		
2.8 E – Measure Option 5 – CDR Reporting The EP is in active engagement to submit data to a CDR.	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 CDR Data Submission, please provide the following required documentation:			
	Public Health Agency Name:			
	Ongoing submission?	☐ Yes ☐ No		
	If yes, disregard the following questions on testing.			

Objective		EP's Responses	Auditor's Comments (For State Use Only)	W/P Reference (For State Use Only)
	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		

EP Certification

I certify that the responses documented in this questionnaire and the supporting documentation provided is accurate to the best of my knowledge.

Contact Name: _____ Contact Email:_____

EP Signature/Title: _____ Date: _____