

Required Documents:

- **ONC Certificate** from the Certified Health IT Product List. Make sure the number on the certificate matches the number(s) you are attesting with - <https://chpl.healthit.gov/#/search>
 - **EHR Documentation**- Invoice, Proof of Payment, IHS letter for Indian Health Clinics (Must be dated in the program year you are attesting for).
 - **Encounter Report**- (in excel and sortable) Upload as document type Encounter Information (you may be prompted by eMIPP to upload prior to attesting). Keep in mind that if you are audited you will be required to produce a new report if the uploaded report is not complete.
 - **MU Dashboard (Summary)** - Summary report from their EHR. Upload as document type MUDashboard. (You will be prompted by eMIPP to upload prior to attesting)
 - **Protect Patient Health Information- Yearly Security Risk Analysis (SRA)** - SRA must be dated during your attestation year, but can be retrieved after that year if needed. You must include the new SRA cover sheet.
 - **Patient Electronic Access to Health Information**- Letter of explanation if excluding. If excluding for Broadband issues we will need a verification letter from your internet carrier.
 - **Public Health Measures**- We no longer require documentation showing Proof of Engagement for Public Health Measures; however, if you are using the CDR to help meet the measure you will need to upload the Interoperability Profile found at <https://www.onehealthport.com/contracting>. To contact any registry that is through Washington State Department of Health, please email: informatics.csc@doh.wa.gov
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- **Attestation Statement** - This statement needs to be signed in order to attest. It can be found on our website.

Other Documents That May Be Required

- **PA-Lead Letter**- only for PAs practicing in a PA-Lead FQHC, RHC or Indian Health Clinic. (Letter must explain “how” they meet the criteria and be signed by the Medical Director or equivalent.)
- **Practice Predominantly Letter**- For FQHC, RHC or Indian Health Clinics using Medically Needy Encounters. The letter needs to verify that the EP practices “more” than 50% of the time in a FQHC/RHC for a continuous 6 month period in the previous calendar year OR in the previous 6 months.