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 (Vendor letters are not accepted per CMS), 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. Please
 refer to White Paper #8 for details and sample.
- **MU Dashboard (Summary)** Summary report from their EHR. Upload as document type MU Dashboard. (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 (see last bullet).
- 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- You may use a previous year's documentation for Public Health registries unless your status is new then you'll need a current letter or email from DOH.
 If you are using the CDR to help meet the measure you will need to upload the Interoperability Profile found at OneHealthPort. To contact any registry that is through Washington State Department of Health, please email: informatics.csc@doh.wa.gov
- **SRA Cover Sheet** we now require an SRA cover sheet to be included with your SRA. This verifies some information that the SRA itself may not contain.
- Attestation Statement This statement needs to be signed in order to attest. It can be found on our website or at the last stage of your attestation.

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.