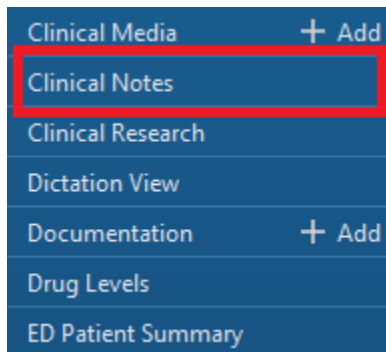
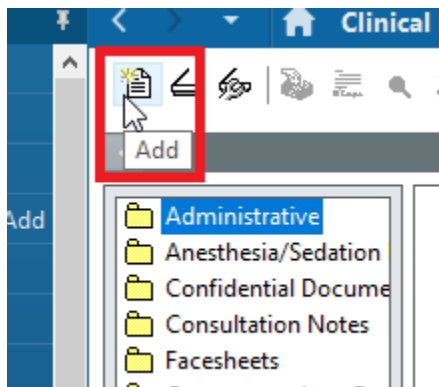


Adding Medicaid Attestation Note to Clinical Notes section in Cerner PowerChart

1. When you receive the automated email that indicates that you must complete the Medicaid Attestation, open the subject's account in PowerChart and select the Clinical Notes Band:



2. Click the icon that looks like a piece of paper to add a clinical note:



3. The note Type should be "Research Clinical Trial Records" (the Type may default for you), and the Subject should be "Medicaid Attestation NCT xxxxxxxx":

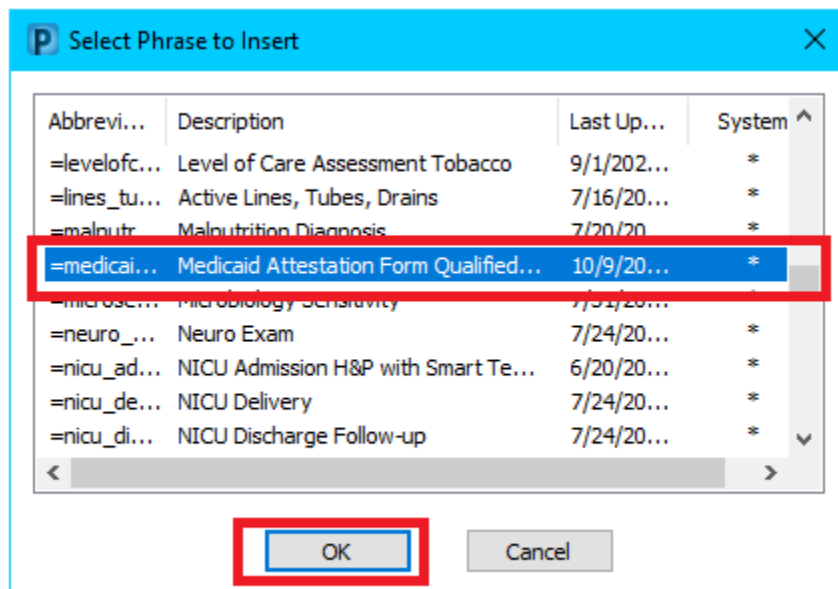
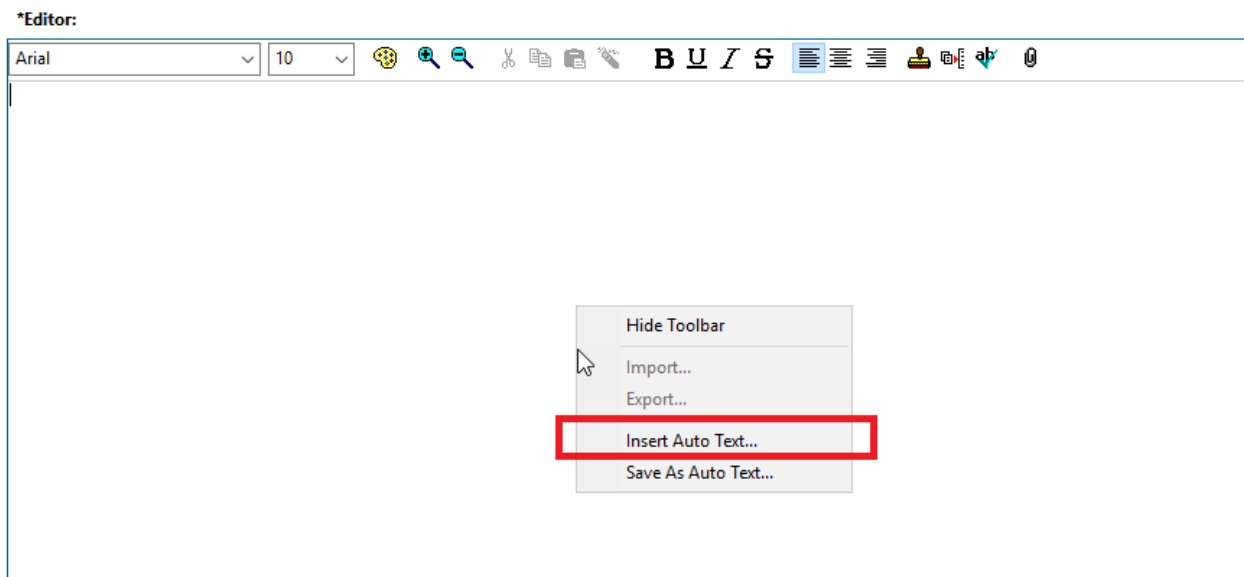
*Type: Research Clinical Trial Records *Author: Buckley, Katherine E, RN

*Date: 10/12/2023 0905 EDT Status: In Progress

Subject: Medicaid Attestation NCT 1111111111

Associated Providers: Modify

4. In the body of the Note, right click and select "Insert Auto Text." From this menu, search for "Medicaid Attestation Form," select it, and click OK:



5. Within the form, the areas with blanks _ or brackets [] need to be completed. Once you have typed an answer, you can move to the next blank by hitting the F3 key. If the PI is a physician, you will only need to complete the information under the Principal Investigator Attestation.

Arial 10

Medicaid Attestation Form on the Appropriateness of the Qualified Clinical Trial

Participant

Participant Name

Medicaid I.D.

Qualified Clinical Trial

National Clinical Trial Number (from clinicaltrials.gov)

Principal Investigator Attestation

Principal Investigator Name

☐ I hereby attest to the appropriateness of the qualified clinical trial in which the individual identified above is participating.

☐ The Principal Investigator is also the Health Care Provider and hereby attests to the appropriateness of the qualified clinical trial in which the individual identified above is participating.

Signature: SIGNED AND DATED ELECTRONICALLY IN CERNER
(signature of principal investigator)

Health Care Provider Attestation

Health Care Provider Name:

☐ I hereby attest to the appropriateness of the qualified clinical trial in which the individual identified above is participating.

Signature: SIGNED AND DATED ELECTRONICALLY IN CERNER
(signature of health care provider)

6. Once you have completed the required information, click Modify at the top of the note. Search for the PI, choose Request Type "Sign," then click OK:

Associated Providers:

Associated Providers

Provider	Request Type	Request Status	Business Address	Comment
UnknownMD, Physician	Sign	Pending	11700 N Meridian St. Carmel, IN 46032	

7. At the bottom of the of the note, click Sign. This will sign the note and send to the provider you requested for their signature.