How to Survive a Meaningful Use Audit

Meaningful Use Audits

• CMS pre and post payment audit targets to include at least 10% of attesting eligible professionals.
• CMS conducting pre-payment audits beginning January 2013.
• Figliozzi and Company performing the meaningful use audits for CMS.
• States perform their own Medicaid audits.

Why me?

• Random
• Suspicious data: numerators/denominators
• Large organization, receiving large check
Audit Process

The Letter/Email

Documentation

Response/Requests

FINAL DETERMINATION

Letter/Email

- Email is received from Figliozzi and Company
- Email address is the one used during EHR MU registration
- Audit Engagement Letter
- EP Documentation Request
- Portal Information

Example of Request Letter

Medicare Electronic Health Record (EHR) Incentive Program
These are all the documents requested in the letter.

Subject: Request for Documentation

[Date]

[Recipient's Name]
[Recipient's Address]

Dear [Recipient's Name],

We are writing to request the following documentation as part of the Medicare Electronic Health Record (EHR) Incentive Program:

1. As proof of use of a Certified Electronic Health Record Technology system, please provide a copy of your licensing agreement with the vendor or invoices. Please ensure that the licensing agreement or invoices identify the vendor, product name, and product version number of the Certified Electronic Health Record Technology system utilized during your attestation period. If the version number is not present on the invoice/contract, please supply a letter from your vendor attesting to the version number used during your attestation period.

2. To support your documentation, please include a report or reference to the EHR system used in the completion of the Attestation Module responses. Please ensure that the report has actually been generated by your EHR (e.g., your EHR logo is displayed on the report, or step-by-step screenshots demonstrating how the report is generated by your EHR are provided).

3. [Additional requests as per program requirements]

[Signature]
[Your Name]
[Your Title]
[Your Contact Information]
Request for Documentation

• Respond to the audit in a timely manner, deadline usually within two weeks from request.
• Protect patient confidentiality and de-identify patient information, per HIPAA requirements.
• Mail or Portal to send responses to Figliozzi auditors.

What is adequate documentation?

• No clear indication from CMS what they are requesting.
• Experience has shown that not all auditors are accepting the same documentation.

Response and Requests

• After initial response is provided you may receive email asking for clarification or additional information.
• Deadline for follow-up response(s).
Final Determination

• Receive email/letter stating you met meaningful use or you did not meet meaningful use
• If you did “not” meet meaningful use you will receive a demand letter for repayment (unless prepayment audit) and also information on the appeal process

Part 1: Certified EHR

• Proof of licensing agreement with Vendor showing name, product, and version
• Proof of version - Vendor attestation letter
• Proof that version was certified

Part 2: Core Set Objectives Measures (Stage 1)

• “Provide the supporting documentation (in either paper or electronic format) used in the completion of the Attestation Module.”
• If providing summary report from your EHR, must have logo or provide step by step screen shots showing how report is created.
Documentation of Core Measures

- Drug-Drug/Drug-Allergy Interaction Checks
- Clinical Decision Support
- CQM’s
- Key Clinical Information Exchange
- Security Risk Analysis

Clinical Quality Measures (CQM’s)

- Measure data is reported directly from certified EHR system
- Validate all clinical quality measure data entered during attestation

Electronic Exchange of Clinical Information

- Screenshots from the EHR system or other documentation that document a test exchange of key clinical information (successful or unsuccessful) with another provider of care.
- A letter or email from the receiving provider confirming the exchange, including specific information such as the date of the exchange, name of providers, and whether the test was successful.
- Only required in Stage 1 (2012)
Security Risk Analysis

- Conduct or review a security risk analysis of your certified EHR and implement updates as necessary at least once before the end of your reporting period being attested. That follows.

- The HIPAA Security Rule requires covered entities to conduct a risk analysis to identify risks and vulnerabilities.

Myths and Facts

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<thead>
<tr>
<th>MYTH</th>
<th>FACT</th>
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<tbody>
<tr>
<td>The security analysis is optional for small providers.</td>
<td>False: All providers who are “covered entities” under HIPAA must conduct security analysis. Any EP who wants to receive MU incentive money.</td>
</tr>
<tr>
<td>The EHR vendor takes care of everything for security analysis</td>
<td>False: EHR vendors are not responsible for making their systems compliant with HIPAA Privacy and Security Rules.</td>
</tr>
<tr>
<td>My security analysis only needs to look at my EHR</td>
<td>False: Review all electronic devices that store, capture, modify protected health information. (laptop computer, phone, copier)</td>
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</table>

Myths and Facts

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<td>I have to outsource the risk analysis</td>
<td>False: It is possible for small practices to do an analysis using self-help tools. However, doing a thorough and professional risk analysis that will stand up to compliance review will require expert knowledge that could be provided by an outside professional.</td>
</tr>
<tr>
<td>A checklist will suffice</td>
<td>False: Checklists can be helpful especially when starting a analysis but they fall short of performing the analysis or documenting that one has been done.</td>
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Exclusions

• Documentation that the provider qualifies for the exclusion.

• Report from the certified EHR system that shows a zero denominator for the measure.

Part 3: Menu Set Objectives/Measures

Stage 1

• “Provide the supporting documentation (in either paper or electronic format) used in the completion of the Attestation Module.”

Menu Set Objectives – Stage 1

• Generate list of patients by specific conditions

• Implement Drug Formulary Checks
Generate List of Patients

- Screen shots on how you Generate list with date of time period of attestation
- Save paper and/or electronic copy

Drug Formulary Checks

- Document functionality is available, enabled, and active in the system
- Screen shots showing the drug formulary option turned on for a patient dated during the reporting period

Exclusions

- Immunizations/Syndromic Surveillance Data
- Document why you are excluded from these measures
Stage 2 Core Measures

- Vital Signs (Measure 4): Document why you are excluded from these measures
- Clinical Decision Support (Measure 6): Also includes you have drug-drug and drug-allergy functionality turned on for entire reporting period.
- Security Analysis (Measure 9)
- Generate List of Patients (Measure 11)
- Summary of care record for each transition of care (Measure 15) exclusion if <10 referrals

Stage 2 Menu Measures

- Identify and report specific cases to a specialized registry (other than cancer registry)

Audit Defense Preparation

- Self – Audit your EHR System
- Assign a Meaningful Use Officer who is ready to respond to the audit
- Create documentation now! Creating documentation after the fact can be problematic.
- Retain Supporting Documentation for 6 years for each attestation
Action Plan

• Obtain ancillary information i.e. version letter, invoices, certification document etc.
• Build an audit template and complete it for each doctor you attested for or will attest for.

EXPECT TO BE AUDITED

Prepare audit response for each provider for each year you attest.

CMS Resources

CMS Resources


MedNetworx Contact Information

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