Surviving a CMS EHR Audit

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ASOA 2014

Why Me?

- Providers who receive an EHR incentive payment for either the Medicare or Medicaid EHR Incentive Program potentially may be subject to an audit.
- Eligible professionals should retain ALL relevant supporting documentation (in either electronic or paper format) used in the completion of the Attestation Module responses.
- Documentation to support attestation data for meaningful use objectives and clinical quality measures should be retained for six years post-attestation.

Details

- Figliozzi and Company is the designated contractor performing audits on behalf of the Centers for Medicare & Medicaid Services (CMS), and will perform audits on Medicare EP’s.
- If you are selected for an audit you will receive a letter from Figliozzi and Company with the CMS and EHR Incentive Program logos on the letterhead.
- The audit notification letter will be sent by email to the address provided at registration.
EHR Incentive Audits to Increase in 2014

- Post payment audits began in July 2012 and WILL take place during the course of the EHR Incentive Program
- CMS is now doing prepayment audits
- 5-10% of providers will be subject to pre/post payment audits
- Any provider exhibiting anomalous data subject to successive audits

CMS and Incentive Audits 2014

- CMS will not
  - Make risk profile public
  - Discuss issues related to specific audits
  - Provide information regarding protocols used
  - Resolve issues related to any audit
    - You MUST file an appeal
    - In other words if you fail an audit don’t try to talk to the auditor

Meaningful Use 1 Issues

- Understand what you are doing
- Numbers must be consistent
- Multiple EP’s don’t see the same number of patients
- Don’t claim you have a CEHRT if you don’t have one

Security Risk Analysis

- EPs must conduct or review a security risk analysis of certified EHR technology and implement updates as necessary at least once prior to the end of the EHR reporting period and attest to that conduct or review
- The testing could occur prior to the beginning of the first EHR reporting period. However, a new review would have to occur for each subsequent reporting period
Meaningful Use 2 Issues

- Must use 2014 Certified Software
- If using 3rd party patient portal must be able to document how patient activity is tracked
- Be prepared to show how you have gotten your patients to access their information

Audit Request

- Prepayment AND Post Payment
- Limited Audit
  - Proof of Ownership
- Full Audit
  - Proof of Ownership
  - Review of Core Items
  - Review of Menu Items
- Initial Review at Figliozzi and Sons
The Auditors

- Tough Job
- MUR still a moving target
  - Exchange of Key Clinical Information never was well clarified
- Generally Responsive
- Will explain what they need
- Willing to review all documentation

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February 25, 2013

Dr. John Smith
MD, FAAFP
123 East Blvd
Dallas, Texas 75205

RE: HITECH EHR Meaningful Use
Audit Engagement Letter & Information Request

Dear Dr. Smith,

The Centers for Medicare and Medicaid Services (CMS) has contracted with Figliozzi & Company, CPAs P.C. to conduct meaningful use audits of certified Electronic Health Record (EHR) technology as required in Section 13411 of the Health Information Technology for Economic and Clinical Health Act (HITECH Act), as included in Title XIII, Division A, Health Information Technology and in Title XIV of Division B, Medicare and Medicaid Health Information Technology of the American Recovery and Reinvestment Act of 2009. The HITECH Act provides the Secretary, or any person or organization designated by the Secretary, the right to audit and inspect any books and records of any person or organization receiving an incentive payment.

This letter is to inform you that you have been selected by CMS for an audit of your meaningful use of certified EHR technology for the attestation period. Attached to this letter is an information request list. Be aware that this list may not be all-inclusive and that we may request additional information necessary to complete the audit.
PROOF OF CEHRT

- Provide proof of use of a CEHRT
  - Licensing Agreement
  - Invoices
  - Contract
  - Letter from Vendor
  - MUST INCLUDE
    - Name of Vendor
    - Product Name
    - Version number
MORE THAN ONE OFFICE?

- Number of offices
- Was CEHRT Used in each office?
- How many UNIQUE patients seen in each location?
- Documentation
  - Schedule
  - Number of patients seen in each location

Drug Interaction Checks

- Drug Drug/Drug Allergy Interaction Checks
  - Documentation from vendor or 3rd party intermediary attesting that the functionality was enabled during the entire reporting period
  - Screen shots dated during the attestation period.

Clinical Decision Support

- Screenshot of CDS showing functionality
- Letter from vendor attesting that functionality was available, enabled and active during the EHR reporting period

Core Measure Documentation

<table>
<thead>
<tr>
<th>Core Measure Documentation</th>
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<tbody>
<tr>
<td><strong>Stage 1 - Core</strong>:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Computerized provider order entry (CPOE)</td>
<td>0% (0%)</td>
<td>0% (0%)</td>
</tr>
<tr>
<td>e-Prescribing (eP)</td>
<td>100% (100%)</td>
<td>0% (0%)</td>
</tr>
<tr>
<td>Implement core clinical decision support rule</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Provide patients with an electronic copy of their health information, upon request</td>
<td>100% (100%)</td>
<td>0% (0%)</td>
</tr>
<tr>
<td>Provide clinical summaries for patients for each office visit</td>
<td>100% (100%)</td>
<td>0% (0%)</td>
</tr>
<tr>
<td>Drug-drug and drug-allergy interaction checks</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Recruit demographics</td>
<td>100% (100%)</td>
<td>0% (0%)</td>
</tr>
<tr>
<td>Maintain an up-to-date problem list of current and active diagnoses</td>
<td>100% (100%)</td>
<td>0% (0%)</td>
</tr>
<tr>
<td>Maintain active medication list</td>
<td>100% (100%)</td>
<td>0% (0%)</td>
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<td>100% (100%)</td>
<td>0% (0%)</td>
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<tr>
<td>Record and chart changes in vital signs</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Record smoking status for patients 15 years or older</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Capability to exchange key clinical information among providers of care and patient-authorized entities electronically</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Protect electronic health information</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

| **Stage 1 - MENU**: | | |
| Drug list management checks | Yes | Yes |
| Incorporate clinical lab test results as structured data | Yes | Yes |
| Generate lists of patients by specific conditions | Yes | Yes |
| Send reminders to patients per patient preference for preventive/follow-up care | 26% (26%) | 10% (10%) |
| Provide patients with timely electronic access to their health information | 0% (0%) | 10% (10%) |
| Use certified EHR technology to identify patient-specific education resources and provide to patient, if appropriate | 0% (0%) | 10% (10%) |
| Use clinical decision support | Yes | Yes |
| Summary of care record for each transition of care/referral | Yes | Yes |
| Capability to submit electronic data to immunization registries/systems | Yes | Yes |
| Capability to provide electronic summaries/eanterface data to public health agencies | Yes | Yes |
Security Risk Analysis

- Proof that a security risk analysis of the certified EHR technology was performed prior to the end of the reporting period (e.g., report which documents the procedures performed during the analysis and the results)

- Submit Dated Document

- Most reported deficiency

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Drug Formulary Checks

- Screenshot

- Letter from vendor attesting that the functionality was available, enabled and active during the entire reporting period
Patient List

- Report from system listing patients with a specific condition dated during the reporting period

Exclusions

- Must supply documentation as to why exclusion was claimed
- Examples
  - Immunization
  - Vital Signs
  - eRX/CPOE
  - Lab Tests

BE PREPARED

- Read meaningful use audit FAQs
- Designated Responsible Person
- Be ready to respond to an audit immediately
- Retain all supporting documentation
- Prepare to share screen shots or accommodate a visit
- Work with your vendor

Initial Review

- Will be done at contractors office using the information supplied
- Additional information may be requested
- In some cases, demonstration of EHR system might be requested onsite
If fail audit

- Will receive letter requesting repayment ONLY
- No explanations as to what was deficient
- Can appeal decision

Resources

- Meaningful Use Audit FAQs can be found at: https://questions.cms.gov/faq.php?isDept=0&search=7711&searchType=faqId&submitSearch=1&id=5005