Surviving a CMS EHR Audit

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Financial Disclosure

- Dr. Meltzer is a consultant for iMedicWare. He has no financial interest in the subject matter being presented.

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

- Figlioizzi 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 Figlioizzi 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 2015

- 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

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CMS and Incentive Audits 2015

- 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

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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
PART I - GENERAL INFORMATION

1. As proof of use of a Certified Electronic Health Record Technology system, provide a copy of your licensing agreement with the vendor or vendors. Please ensure that the licensing agreements 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. Please provide a response to the following questions:
   a. At how many offices or other outpatient facilities do you see your patients?
   b. Please list each office or other outpatient facility where you see patients and indicate whether or not you utilize Certified Electronic Health Record Technology (CEHRT) in each office or other outpatient facility.

<table>
<thead>
<tr>
<th>Office or Other Outpatient Facility</th>
<th>Utilize CEHRT?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>1.</td>
<td></td>
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<tr>
<td>2.</td>
<td></td>
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<tr>
<td>3.</td>
<td></td>
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<tr>
<td>c. If you utilize more than one office or other outpatient facility, could you please supply documentation which proves that 50% or more of your patient encounters during the EHR reporting period have been seen in offices or outpatient facilities where you utilize a CEHRT system?</td>
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<tr>
<td>d. Do you maintain any patient medical records outside of your CEHRT system?</td>
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<tr>
<td>e. If yes, please supply documentation which proves that more than 80% of the medical records of unique patients seen during the attestation period are maintained in a CEHRT system at each office or other outpatient facility where a CEHRT system is being used.</td>
<td></td>
</tr>
</tbody>
</table>

PART II - CORE SET OBJECTIVES / MEASURES

3. For Core Measures #1, 3, 4, 5, 6, 7, 8, 9, 12, & 13, provide the supporting documentation (in either paper or electronic format) used in the completion of the Attestation Module responses (i.e., a report from your EHR system that ties to your attestation).

   Please Note: If you are providing a summary report from your EHR system as support for your numerators/denominators, please ensure that we can identify that the report has actually been generated by your EHR (i.e., your EHR logo is displayed on the report, or step by step screenshots which demonstrate how the report is generated by your EHR are provided.)

4. Core #15 - Protect Electronic Health Information: Provide proof that a security risk analysis of the Certified EHR Technology was performed prior to the end of the reporting period (i.e., report which documents the procedures performed during the analysis and the results of the analysis). If deficiencies are identified in this analysis, please supply the implementation plan, this plan should include the completion dates.

PART III - MENU SET OBJECTIVES / MEASURES

5. If attested to Menu Set Measures #2, 4, 5, 6, 7, or 8, provide the supporting documentation (in either paper or electronic format) used in the completion of the Attestation Module responses (i.e., a report from your EHR system that ties to your attestation).

   Please Note: If you are providing a summary report from your EHR system as support for your numerators/denominators, please ensure that we can identify that the report has actually been generated by your EHR (i.e., your EHR logo is displayed on the report, or step by step screenshots which demonstrate how the report is generated by your EHR are provided.)

If attested to VN Menu Set Measures #3, 9, or 10, please supply supporting documentation.
**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

**Core Measure Documentation**

**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

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
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
Contact Information

- Dr. Meltzer can be contacted at
- Email: gemeltzer@gmail.com
- Phone: 303-921-8880