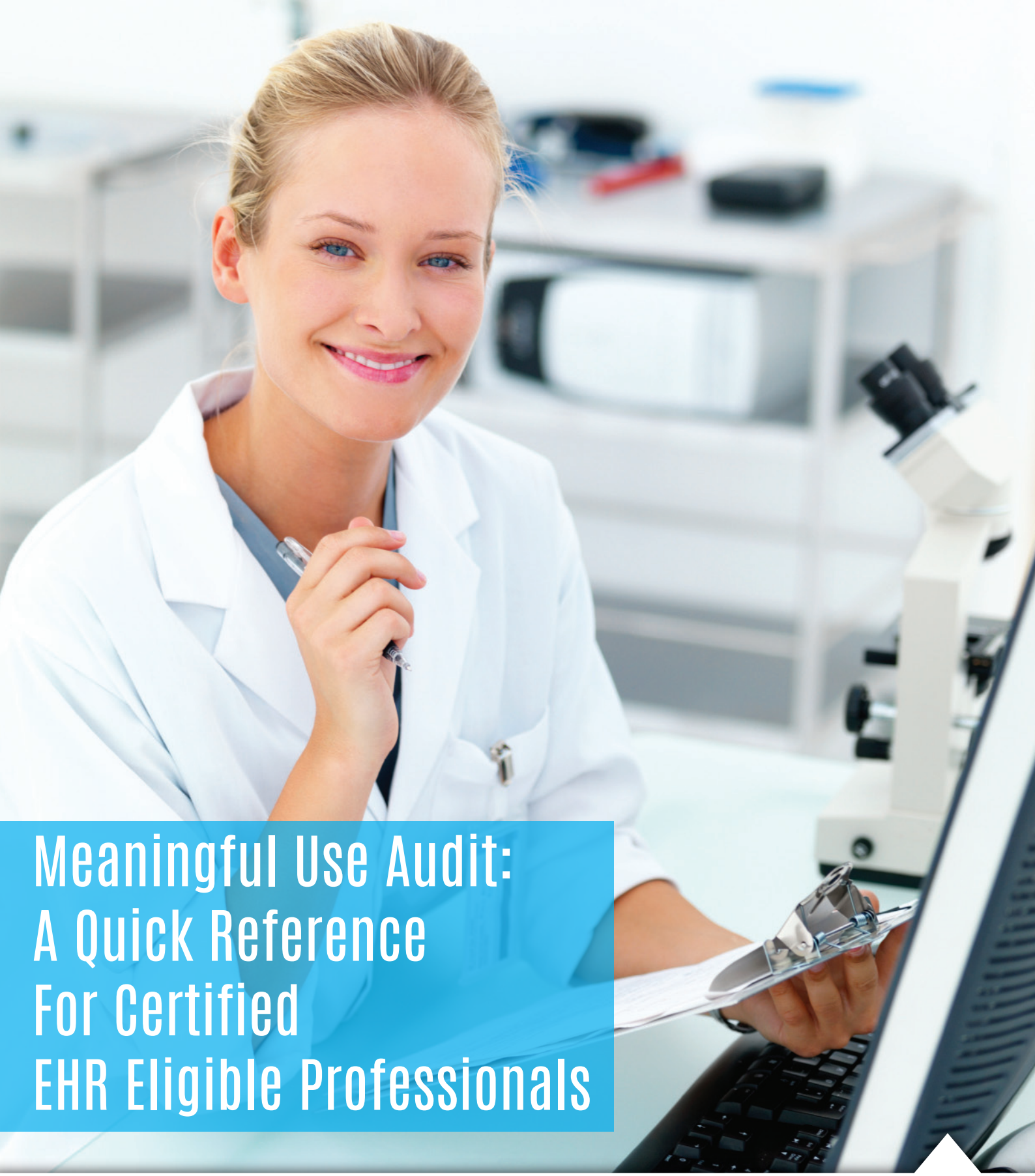

Meaningful Use Audit: A Quick Reference For Certified EHR Eligible Professionals

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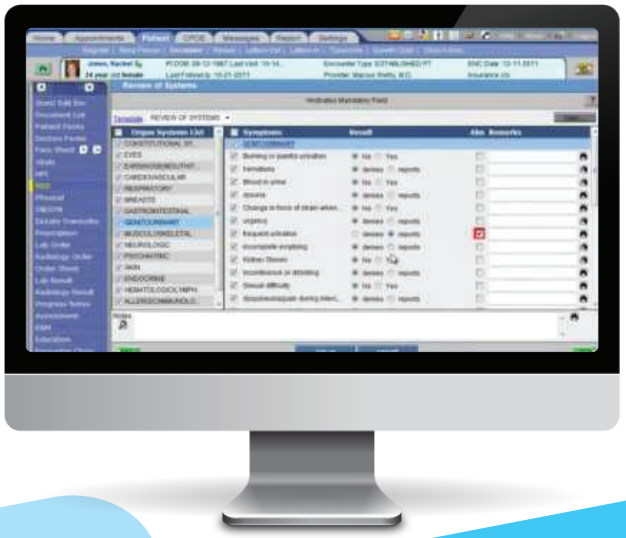
Meaningful Use Audit : What Physicians Must Expect from it?

With meaningful use entering Stage 2, there is one word popping up on the horizon for Meaningful Use Auditpractitioners participating in this EHR metric system - audit. Meaningful use comes with some significant financial payouts, but only for those who met the criteria. The Centers for Medicare & Medicaid Services, CMS, points out that any providers receiving incentive payments in this program are potentially subject to an audit.

What are the chances of getting audited? Healthcare IT News states medical businesses have a one in 20 chance of getting a meaningful use audit. There is a one in 10 chance that a practice may see an audit before getting a payment. The goal of any company participating in this program should be audit preparedness.

Meaningful Use Attestment

The Medicare EHR Incentive program rewards medical practices and facilities for switching to an electronic record system. In 2015, professionals that opt not to go digital may face a Medicaid/Medicare payment adjustment. The reward for participating is up to 43,720 dollars in financial incentive payments, instead.



In order to receive a payout, eligible professionals must attest to their meaningful use of proper electronic health record technology once a year. This is done online via an Attestment module, which takes them step by step through the process of proving their compliance.

What is an Audit?

The audit portion of the program compares the provider documentation with information entered into the attestment module. According to CMS, these audits will be conducted by their staff or contractors the agency hires. Medical Economics reports Figliozzi and Company from Garden City, NY is the primary accounting firm conducting these audits. Pre-payment audits are random unless CMS detects suspicious or anomalous data. The audit must complete prior to the release of the payment.

If the agency schedules a post-payment audit, the practitioner will receive an email requesting documentation. The email provides information to access a secure web portal for uploading of electronic documentation and a mailing address for hard copy reports. In some cases, the auditor may schedule on onsite review for a demonstration of the EHR system.

What Happens if the Audit Fails?

CMS states that should an audit show a facility or practitioner does not qualify for incentive payments, the money will be "recouped." This is the government's way of saying they expect repayment. That sounds very final, but there is an appeals process in place to protect organizations for losing their incentive funds.

An appeal is managed by the state, so professionals must contact their State Medicaid Agency to learn more about the process. During an appeal, the organization will be allowed to provide further documentation to clarify their attestment. The board may require personnel to offer explanations for some of the viewpoints taken during attestment, as well.

Should the appeal also produce a negative determination, the practitioner receives a letter requesting repayment of the funds. There is no interest or fees attached to the debt, just the incentive total. If the provider fails to repay within a set timeframe, the liability transfers to a traditional Medicare arrears and may carry both interest and docking fees.

Does Failure Eliminate the Provider from the Program?

Each year is independent, according to Travis Boome, Team Lead for Policy and Oversight of Health Information Technology Initiatives. If an organization fails the first year out and repays the funds, they can attest again the next year. They would lose one year of participation, but be eligible again the next time around.

Attesting is the key to getting incentive payments, so it is no wonder that CMS takes the process very seriously. Attestment must not only be accurate, it must be fully supported by proper documentation. With millions of dollars in play, auditing is not only practical; it is a necessity to ensure providers qualify for the monies they receive. When word of an impending audit comes, the analysts will expect detailed documentation be on hand and ready for inspection with very little notice.

Meaningful Use Audit : An Essential Checklist for Physicians Implementing Certified EHR

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Meaningful Use Audit : An Essential Checklist for Physicians Implementing Certified EHR

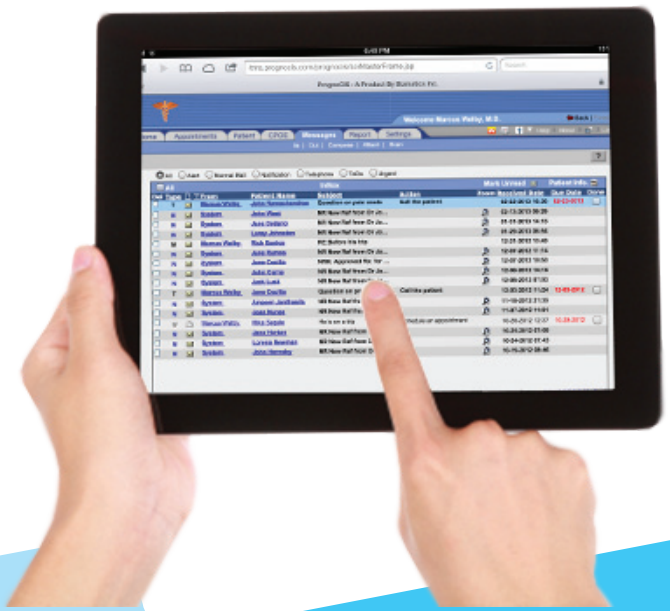
There is a 20% chance that you as an eligible provider may get audited and will be required to substantiate every single measure, eligibility requirement, or even ownership of a certified EHR.

Once you assume that a meaningful use audit is probable, the next step is to find ways to prepare for it. Meaningful use audit conducted by the Centers for Medicare & Medicaid Services, or one of its agents, compares the information entered into the attestation system Meaningful Use Audit Checklistwith documentation maintained by the provider. Without proper documentation, medical professionals can lose EHR incentive payments provided as part of the Health Information Exchange program.

What Do Auditors Look For?

The primary auditing agent Figloiozzi and Company offers information about what they look for in an audit via an article by iHealthBeat. They break down the data to four types:

- ONC-ATCB Certification Documentation - proof from the Office of the National Coordinator for Health IT that the providers EHR system is certified for meaningful use attestation.
- Documentation supporting the attestment to the core set of meaningful use criteria
- Documentation supporting the attestment to the menu set items included in the meaningful use criteria
- Methodology for determining emergency department admissions for hospitals only



YouTube

Core Measures Checklist

Documentation can be broken down to two key sections:

- Core measures
- Menu items

By creating a checklist for each category, providers ensure they have all the necessary documentation is one central binder for each annual attestment. The core measures focus on the required objectives for each stage.

1. CPOE for Medications

Providers must offer the report used to obtain the numerator and denominator or a document to explain a claim of exclusion. Include:

- EP reported using all patient records
- EP reported using only patient records on the EHR

2. Drug Interaction Check

Screenshot of EHR settings that show active drug-drug and drug-allergy checking during the reporting period. When possible, store an interaction alert audit report, as well.

3. Problem List

Store the report used to obtain the numerator and denominator

4. e-Prescribing

Documentation used to obtain numerator and denominator or report that documents claim of exclusion. Include either:

- EP reported using all patient records
- EP reported using only patient records maintained in the certified EHR

5. Active Medication List

Store the report used to obtain numerator and denominator

6. Medication Allergy List

Store the report used to obtain numerator and denominator

7. Demographics

Store the report used to obtain numerator and denominator

8. Vital Signs

Documentation used to obtain numerator and denominator or report that documents claim of exclusion. Include either:

- EP reported using all patient records
- EP reported using only patient records maintained in the certified EHR

9. Smoking Status

Documentation used to obtain numerator and denominator or report that documents claim of exclusion. Include either:

- EP reported using all patient records
- EP reported using only patient records maintained in the certified EHR

10. Clinical Quality Measure (CQMs)

- List of core or alternate core CQMs submitted
- List of three additional CQMs selected
- Store report used to obtain numerator and denominator for each CQM

11. Clinical Decision Support Rule (CDS)

Provide a screenshot from the EHR that shows the clinical decision support rule with any other documentation to prove CDS in use during the entire reporting period. If necessary, contact your vendor audit documentation.

12. Electronic Copy of Health Information

Documentation used to obtain numerator and denominator or report that documents claim of exclusion. Include either:

- EP reported using all patient records
- EP reported using only patient records maintained in the certified EHR

13. Clinical Summaries

Documentation used to obtain numerator and denominator or report that documents claim of exclusion plus:

- A copy of the clinical summary showing use of all required components
- EP reported using all patient records
- EP reported using only patient records maintained in the certified EHR

14. Electronic Exchange of Clinical Information:

Testing documentation including screenshots that show the test sending the data and one showing receipt

15. Protect Electronic Health Information

Security risk analysis to determine vulnerability or a letter explaining the deficiencies and signed proof of corrections

In addition to a checklist for core measures, providers should create one for the five menu items selected required complete with audit documentation.

You can download a complete copy of a formatted, printable checklist from HealthInfoNet. With the list in place, staff should build a binder book of evidence to support attestment choices to give to reviewers during a meaningful use audit.

Meaningful Use Audit : A Physician's Survival Guide

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Clinical, Financial and Administrative Insights For Physicians

Meaningful Use Audit: A Physician's Survival Guide

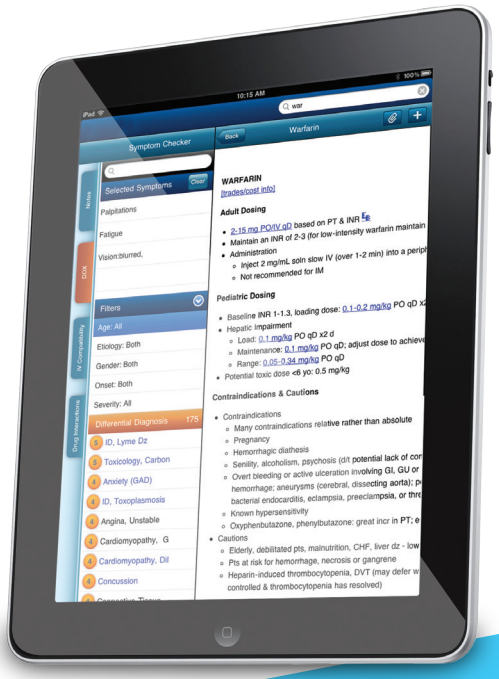
So, are you going to survive a meaningful use audit? Attesting to receive an EHR incentive payment puts a physician at risk of audit, but managing your documentation is all it takes to get through the process. The Centers for Medicare & Medicaid Services asks providers Meaningful Use Survival Guideparticipating in the program to save evidence necessary to support claims made during attestment - no more, no less.

The catch is you must provide all relevant documentation with no gaps in the information. Consider some common sense survival tips to get you through a meaningful use audit.

It Starts at the Beginning

There is really no going backwards when it comes to audit readiness. As part of attestment, providers gather data to answer the questions asked in the module. The first survival guide tip is to start saving documents right from the start. If you go back and try to recreate your documentation after receiving an audit notice, there will be holes and inconsistencies in the information.

Buy binders, create procedure lists and train all critical staff on the ins and outs of saving the necessary documents in case of an audit. This will also make your attestment easier because the data will be readily available.



Store Documentation Properly

Pam McNutt, senior vice president and CIO for the Methodist Health System in North Texas recommends medical professionals keep their documentation organized in a binder. Keeping all the documentation together means it will be on hand should a meaningful use auditor come knocking.

Create a Backup

Setting up a second way to save the documents protects the business in case the initial records are destroyed or a document is missing. Creating a secondary system that includes PDF versions of each document is a practical approach to backing up. Keep an electronic version of all documents offsite as part of disaster management and recovery protocols, as well. Save both the original documentation and the back up for at least six years.

Put It in Writing

Participants in the incentive program should assume an audit is eminent. Create policies that define proper documentation and detail the actions to take when the audit letter comes. Post the policies in areas where staff can see them. Once a year, have employees involved with EHR sign an acknowledgement of these policies to ensure everyone is on the same page.

Perform an Audit Before the Audit.

One person should oversee the collection and storage of documentation. It will be this professional's responsibility to make sure everything is ready. Medical businesses benefit from creating an internal audit system that checks each line of attestment and matches it with the supporting documentation.

Pay Attention to the Details

Pay attention to the data details when doing the attestment, especially percentage based measures. If all the denominators are the same, there are probably errors somewhere. Go over the numbers before submitting the attestment to avoid throwing a flag that forces an audit.

Double Check Time Frames on Screen Captures

There is a lot of information involved in attestment and much of it is time sensitive. EHR systems are not static, so data will change. Create snapshots of the time and ensure it relates back to the applicable data. For example, grab screenshots during a system update to document the date and time. This proves all documentation comes from a certified EHR system.

Preparedness is the best defense against a meaningful use audit. Prepayment audits will slow down incentive money and a post payment audit may lead to a big debt. There is no reason the threat of an audit has to be a problem, not if everyone involved stays on top of the documentation.

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