Meaningful Use Audits for Medicare and Medicaid

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An Important Reminder
For audio, you must use your phone:
Step 1: Call (866) 906-0123.
Step 2: Enter code 2071585#.
Step 3: Mute your phone!!!

Mission of OFMQ
OFMQ is a not-for-profit, consulting company dedicated to advancing healthcare quality. Since 1972, we've been a trusted resource through collaborative partnerships and hands-on support to healthcare communities.
OFMQ Service Lines

• Analytics
• Case Review
• Education
• IT Consulting
• Health Information Technology
• National Quality Measures
• Quality Improvement

Additional HIT Service Lines

• Security Risk Assessment- Level 1, 2, and 3
• Meaningful Use Assistance
• Meaningful Use Audit Support
• Risk Management Consulting and Development
• Staff IT Security Training
• Website Development & Secure Email
• IT Consulting

Jason Felts, MS

Jason Felts has more than seven years of experience in healthcare and currently works as a Health Information Technology (HIT) Practice Advisor for the Oklahoma Foundation for Medical Quality. He currently works with multiple physician practices and hospitals throughout the state of Oklahoma and serves as a consultant for meaningful use, workflow redesign, privacy and security of health information systems, and many other Health IT related issues.

Jason serves as the meaningful use coordinator for the Regional Extension Center. He is a member of the Meaningful Use Burning Issues Group. This elite group of individuals fields questions nationally about meaningful use from healthcare providers and other Regional Extension Centers.
Topics Covered

- Updates on the Final Rule (Meaningful Use requirements for 2015)
- Medicare Meaningful Use Audits
- Medicaid Patient Volume Audits
- What steps should be taken if you get a Audit Engagement Letter/Email from Centers for Medicare and Medicaid Services (CMS)

MU Update for 2015

- The Final has not been released yet
- The ruling has been submitted to the Office of Management and Budget (OMB) for final review. This process typically takes 90 days.
- The final rule is expected to be released in “early fall.”
- **Proposed:**
  - 90 day reporting period in 2015
  - Hospitals switch to calendar year

AUDITS
Audit Overview

• All providers that receive an EHR incentive through Medicare or Medicaid are potentially subject to an audit.
• Eligible Professionals, Hospitals and CAHs are responsible for keeping ALL supporting documentation.
• Documentation of MU objectives and CQMs should be retained for **6 years** post-attestation.

Audit Overview

• Medicaid Audits
  – Performed by the State and their contractors
• Medicare Audits
  – Figgilozi & Company is the designated CMS contractor for MU audits. Will Audit Medicare EPs and dually-eligible hospitals

Pre-Payment Audits

• There are numerous pre-payment edit checks built into the EHR Incentive Program’s systems
  – Detect inaccuracies in eligibility, reporting and payment
• EPs who attested in January 2013 or after are also subject to pre-payment audits
  – Pre-payments audits may be random or target suspicious or anomalous data.
Medicare Audits

- When providers are audited, they will receive a request letter that is sent electronically from a CMS email address.
  - The email will be sent to the address that is entered during the registration for the EHR incentive program
  - The provider has 14 business days to submit the requested information to the auditor
Questions pertaining to audits should be directed to:

Peter Figliozzi
Phone: (516)745-6400 x302
Email: pfigliozzi@figliozzi.com
Website: http://www.figliozzi.com

MEDICAID AUDITS

OHCA

- Oklahoma Health Care Authority
  - State Medicaid Agency
  - Performs audits for EPs participating in the Medicaid EHR Incentive Program
  - OHCA is currently performing audits on patient volume
  - Some audit features built into MU attestation
    - i.e. Risk Analysis – enter date completed
Patient Volume

- **Numerator:** Number of Soonercare encounters during a continuous 90-day period (include out-of-state Medicaid & dual eligible)
  - Reporting period can be from the previous calendar year or the most recent 12 months prior to the date of attestation
- **Denominator:** Number of total encounters during the same 90-day period
- **Threshold:**
  - EPs – 30%
  - Pediatricians – 20%
  - Hospitals – 10%

Medicaid Encounter

- A Soonercare encounter is defined as services rendered to a patient on any one day regardless of payment liability (i.e. paid, denied, non-covered, etc.)
- Providers will have to identify the total number of billed vs. non-billed Soonercare encounters
- For audit purposes you must be able to prove that an encounter occurred.

WHAT INFORMATION DO I NEED FOR AN AUDIT?
What will they request?

• The audit is broken down into three sections:
  Part 1 - General Information
  Part 2 - Core Set Objectives/Measures
  Part 3 - Menu Set Objectives/Measures

What will they request?

• Providers may receive a full or limited audit
  – Full audit – request documentation for all objectives and measures
  – Limited audit – request documentation for select objectives

General Information

• Licensing agreement with vendor or invoice
• Documentation of EHR vendor certification and version used during the EHR reporting period
• List of offices or outpatient facilities the EPs sees patients
  – Patient seen at locations without CEHRT must still be counted in the denominator
Core Objectives (Stage 1)

- Computerized Physician Order Entry (CPOE)
- Up-to-date Problem List
- Generate & transmit prescriptions electronically (eRx) – EP’s Only
- Active Medication List
- Active Allergy List
- Record Patient Demographics
- Record Vital Signs
- Record Smoking Status
- Provide timely online access to health information
- Clinical Visit Summaries for Patients – EP’s Only
- Provide summary of care document

Core Objectives (Stage 2)

- CPOE (Computerized Physician Order Entry)
- Generate & transmit prescriptions electronically (eRx) – EP’s Only
- Record demographics
- Record vital signs
- Record smoking status
- Structured lab results
- eMAR - EH’s Only
- Reminders for preventative/follow-up care
- Provide timely online access to health information
- Provide clinical visit summaries – EP’s Only
- Provide patient education resources
- Secure messaging with patients – EP’s Only
- Medication reconciliation
- Provide summary of care document

Menu Objectives (Stage 1)

- Clinical Lab Results as Structured Data
- Provide Patient Specific Education Resources
- Medication Reconciliation between Care Settings
- Summary of Care Records for Patients
- Patient Reminders – EP’s Only
- Advance Directives – EH’s Only
Menu Objectives (Stage 2)

- Imaging results accessible through EHR
- Record family health history
- Electronic progress notes
- eRx – EH’s Only
- Advanced directives – EH’s Only
- Provide structured lab results to EP’s – EH’s Only

Documentation

- The EHR reports and accompanying documentation submitted to the auditors should include the following when possible:
  - Provider/Facility name
  - EHR Vendor Name/logo
  - Date
- Measures with a numerator/denominator will be included on the EHR dashboard report
- Yes/No measures will require additional documentation

Example: MU Report Used for Attestation
Yes/No Measures

- Drug-Drug & Drug-Allergy interaction checks
- Clinical Decision Support
- Protect electronic health info
- Drug formulary checks

- List of patients by condition
- Public Health Objectives: Immunizations, reportable lab results, Cancer registry
- Clinical Quality Measures

Example: Screenshot – Patient List

How to Supply Requested Information

1. Electronically uploading the requested information to their secure web portal (they will provide instructions in the audit letter)
2. Mail in the requested information
If you do not PASS the first round of Audits...

- If the auditors feel like you did not supply sufficient documentation the first time then they may ask for additional information
- In this scenario you will have 7 Business days to comply

Additional Requested Information

• General Information:
  You provided the auditors with a licensing agreement with your EHR vendor, BUT...
  They need proof from your vendor that you were using the certified version of your EHR when you attested.

Additional Requested Information

• Yes/No objectives:
  You supplied all screen shots for Yes/No measures used for attestation, BUT..
  They need proof that this functionality was turned on the entire reporting period. Provide proof with an audit trail.
Example: Audit Trail

**What is recommended to prove that my office has complied with Core Measure – Privacy and Security Assessment?**

- It is the responsibility of the provider to determine if they have met the requirements of 45 CFR 164.308 (a)(1) and correctly identified security deficiencies as part of its risk management process.
- OHCA requests that you provide the identification of the person/organization completing the assessment and the date complete.
- The assessment has to be completed prior to the end of the EHR reporting period. The assessment could have occurred prior to the beginning of the reporting period; however, a new review will have to be conducted for each subsequent reporting period.

**Part 2 & 3- Example: Yes/No Measure Security & Privacy**
When the audit is concluded.....

• You will receive an Audit Determination letter from Figliozzi and Company.
  ✓ If you PASS the letter will state that you have successfully achieved Meaningful Use
  ○ If you FAIL your payment will be recouped

In Conclusion

• Be aware of timelines if you receive a letter or email
• The auditor has the right to request additional information. Will only give you 3 chances
• Retain ALL relevant supporting documentation (in either paper or electronic format)
• Documentation should be saved for 6 years
• Prepare NOW!

Questions?

We Are Here To Help!

Email: ofmqlit@ofmq.com
Call: (877) 963-6744
Visit: www.OFMQ.com
Upcoming Events

TopGolf | Fri, Sept 25 | 12:30-4pm
“Clinical Documentation Improvement (CDI)”

CDI WebEx | Wed, Sept 30 | 1-3pm
Approved for CNE and CME hours!

Monthly HIT Educational WebEx | Wed, Oct 7 | 12:15pm
“Patient Engagement”

Register at www.ofmq.com/event-month

Thank you!