



Meaningful Use Audits Strategy for Success!

Presented by: Susan Clarke, HCISPP, HTS Department
Manager

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HTS, a department of Mountain-Pacific
Quality Health Foundation

Welcome

- ▶ Thank you for spending your valuable time with us today.
- ▶ This webinar will be recorded for your convenience.
- ▶ A copy of today's presentation and the webinar recording will be available on our website. A link to these resources will be emailed to you following the webinar.
- ▶ All phones will be muted during the presentation and unmuted during the Q&A session. Computer users can use the chat box to ask questions which will be answered at the end of the presentation.
- ▶ We would greatly appreciate your providing us feedback by completing the survey at the end of the webinar today.



- ▶ Mountain-Pacific holds the Centers for Medicare & Medicaid Services (CMS) Quality Innovation Network–Quality Improvement Organization (QIN–QIO) contract for the states of Montana, Wyoming, Alaska and Hawaii, providing quality improvement assistance.
- ▶ HTS, a department of MPQHF, has assisted 1480 providers and 50 Critical Access Hospitals to reach Meaningful Use. We also assist healthcare facilities with utilizing Health Information Technology (HIT) to improve health care, quality, efficiency and outcomes.

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Session Presenter

- ▶ Susan Clarke, HCISPP, Health Technology Services Department Manager



Webinar Objectives

To gain an understanding of meaningful use audits, who is auditing, what are they looking for, and how you can be audit ready.

Agenda

- ▶ Audit Overview and Process
- ▶ Types and Differences
- ▶ Checklist for Providers and Hospitals
- ▶ Provider Specifics
- ▶ Hospital Specifics
- ▶ Lessons Learned
- ▶ Resources and Contact Information

Audit Overview

- ▶ Any eligible professional, eligible hospital attesting to receive an incentive program payment is subject to an audit.
- ▶ Audits are performed by Figliozi and Company as the designated contractor for Medicare and dual eligible hospitals.
- ▶ States, and their contractor, will perform audits on Medicaid providers.
- ▶ In 2015 Department of Health and Human Services announced OIG will actively participate in MU audits.

Audit Process



FIGLIOZZI & COMPANY
CERTIFIED PUBLIC ACCOUNTANTS



- ▶ Initial request letters from Figliozi & Company are sent electronically to the email address provided during program registration.
- ▶ Initial review conducted using information provided in response to the request.
- ▶ Onsite review may follow which may include a demonstration of the EHR system.
- ▶ If provider is found ineligible their payment will be recouped. No such thing as “almost” a MU user.

Types of CMS Audits

- ▶ Pre payment audits
- ▶ Post payment audits

Important: Documentation of the attestation period must be archived for a period of six years after attestation. It is recommended this information is compiled and maintained in a central location for ease of access by an auditing firm.

Office of Inspector General



OIG's 2015 work plan targets HIPAA & EHR:

- ▶ Whether providers that received Medicare and/or Medicaid Meaningful Use incentive payments were entitled to the money.
- ▶ Assess how well CMS oversees the Meaningful Use payments being made.
- ▶ CMS oversight of hospitals' security controls over networked medical devices that are integrated with EHR systems.
- ▶ Whether covered entities and business associates, such as cloud services and other "downstream service providers," adequately secure electronic patient protected health information created or maintained by certified EHR technology.
- ▶ The extent to which hospitals have EHR contingency plans, as required by HIPAA's security rule.

OIG--no information publicly available about –

- ▶ Audit process and how to prepare
- ▶ Penalties related to results
- ▶ Number of audits involved
- ▶ Audit reports
- ▶ Benchmarks/best practices/frameworks used as comparison.

Confidential

Difference between Auditors

The OIG audits are in addition to the meaningful use audits conducted by Figliozi & Company, the outside audit contractor of the Centers for Medicare and Medicaid Services.

Unlike the Figliozi audits, which cover a MU attestation for a single meaningful use reporting period, the OIG audits cover incentive payments paid from January 1, 2011 through June 30, 2014.

OIG is a deeper dive into EHR security, Business Associates access to EHR including cloud service providers.

Checklist for Providers and Hospitals

General Documentation for MU Reporting Period:	Notes:
Eligibility data if attesting to Medicaid	
Reporting period numerators and denominators for all objectives and CQMs for the providers or hospitals, generated from the certified EHR. (Summary and Detail reports)	This report should document measures requiring Num/Den during attestation, date range, EHR logo , provider or hospital or NPI.
If using data not generated from EHR: Reporting period numerators and denominators for objectives along with explanation of how data was generated and the data source.	
Proof of use, screen shot of EHR version from software that compares with CHPL certification number , copy of EHR licensing agreement /contract with vendor or current invoices	Screen shot to include facility name and current date. Contract to include vendor, product name and version number.
Copy of CHPL EHR certification confirmation email or printed which contains cert number, vendor name, software name and version number.	Must be on 2014 CEHRT for 2015 reporting period.

Provide documentation for all Y/N measures

Supporting data for any exclusion or alternate exclusion to any Meaningful Use objective	Documents to support each exclusion or alternate exclusion to a measure
Objective 1: Protect Patient Health Information	Proof a security risk analysis of CEHRT in accordance with the requirements in 45 CFR 164.308(a)(1) was performed prior to the end of the reporting period. Example: report which documents the procedures performed during the analysis, the results of the analysis and updates necessary to correct security deficiencies.
Objective 2: Clinical Decision Support	<p>1) What are you monitoring & how monitoring compliance. Screen shots of clinical decision and alerts at the beginning and end of the reporting period.</p> <p>2) Screen shot of drug-drug, drug-allergy interaction functionality at the beginning and end of the reporting period.</p>
Objective 9: Public Health Reporting	<p>Demonstrate the provider, eligible hospital or CAH is in active engagement with a public health agency.</p> <p>Note: register intent prior to the 60th day of reporting period, document that they have done so, and claim to have met the measure under Active Engagement .</p> <p>Documentation examples: letter, email, website screenshot.</p>
Clinical Quality Measures	The CQM report must be generated from the EHR system or other CEHRT.

Specific for Providers

It is important to maintain documentation of the following items used during the process of achieving meaningful use and submittal for incentive reimbursement.

- State and National Registry contact information for your providers.
- State Medicaid registration and attestation dates as well as date and amount of money that is received, if applicable. Much of this information is in the “Medicaid Summary” for each provider.
- Patient volumes/numbers and dates, (copies of reports ran) submitted for verifying Medicaid volume requirement.

Specific for Hospitals

It is important to maintain documentation of the following items used during the process of achieving meaningful use and submittal for incentive reimbursement.

- State and National Registry contact information for your facility, who it is and who is in charge of notifying the registry if facility contact information needs to be changed.
- State Medicaid registration and attestation dates as well as date and amount of money that is received, if applicable.
- Patient volumes/numbers (copies of reports ran) submitted for or used in the calculation of incentive payments (Medicaid and Medicare).

Specific for Critical Access Hospitals

It is important to maintain documentation of the following items used during the process of achieving meaningful use and submittal for incentive reimbursement.

- State and National Registry contact information for your facility, who it is and who is in charge of notifying the registry if facility contact information needs to be changed.
- State Medicaid registration and attestation dates as well as date and amount of money that is received, if applicable.
- Patient volumes/numbers (copies of reports ran) submitted for or used in the calculation of incentive payments (Medicaid and Medicare).
- Reasonable costs associated with the implementation of an EHR used to achieve meaningful use.

CAH Reasonable Costs

Reasonable costs are defined by CMS as “Any costs incurred for the purchase of a certified EHR system during the cost reporting period and any similarly incurred costs from previous cost reporting periods to the extent that they have not been fully depreciated as of the cost reporting period involved.

Reasonable cost includes acquisition costs, excluding any depreciation and interest expenses related to the acquisition, incurred for the purchase of depreciable assets such as computers and associated hardware and software necessary to administer certified EHR technology.”

- Qualifying CAHs should contact their Medicare contractor to answer questions on reasonable costs that will be included in the calculation of the EHR incentive payment.
- [Reference FAQ2905](#) for more info on reasonable costs.

Hospital ED Calculations

Documentation to support the method (1 or 2 below) chosen to report Emergency Department admissions to indicate how patients admitted to the ED were included in MU measures.

1) Observation Services method

When using this method, the denominator should include the following visits to the ED:

- *The patients who are admitted to the inpatient department (Place of Service (POS 21) either directly or through the emergency department.
- * The patients who are initially presented to the emergency department (POS 23) and receive observation services. Patients who receive observation services under both POS 22 and POS 23 should be included in the denominator. Details on observation services can be found in the Medicare Benefit Policy Manual, Chapter 6, Section 20.6.

2) All ED Visits method

- * An alternate method for computing admissions to the ED is to include all ED visits (POS 23 only) in the denominator for all measures requiring inclusion of ED admissions. All actions taken in the inpatient or emergency departments (POS 21 and 23) of the hospital would count for purposes of determining meaningful use.

Lessons Learned

- ▶ Always do pre audit before you attest.
- ▶ Incomplete security assessments known to fail audit.
- ▶ Make sure your denominators make sense to help avoid pre payment audits.
- ▶ CMS rules change, print documentation used, guidance received, FAQs.
- ▶ It is possible to do risk analysis using self-help tools. However, doing a thorough and professional risk analysis that will stand up to a compliance review will require expert knowledge and is recommended.

How HTS Can Help

- ▶ **Quality Reporting Program Assistance**
 - *PQRS & Value-Based Modifier for Providers, HIQR for Hospitals
- ▶ **Meaningful Use**
 - *Avoiding payment adjustments
 - *Stage 1 and Stage 2 assistance for EH or EPs
- ▶ *2015 Meaningful Use Requirements
- ▶ **Security Risk Assessments**
 - *Basic or Comprehensive SRAs
- ▶ **HIT Consulting and Project Management**
 - *Assistance with interfaces, HIE, etc.
- ▶ **Combined Services**
 - *Year long assistance with Meaningful Use, PQRS/IQR and ICD-10

HTS services and pricing can be found on our website
www.healthtechnologyservice.com

Questions?



Additional Information:

Audit information and guidance:

<https://www.cms.gov/regulations-and-guidance/legislation/ehrincentiveprograms/educationalmaterials.html>

EHR Program Overview 2015–2017

https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/2015_EHR2015_2017.pdf

For more information about the Medicare and Medicaid EHR Incentive Program, please visit

<http://www.cms.gov/EHRIncentivePrograms>

Health Technology Services

Susan Clarke

307-248-8179

sclarke@mpqhf.org

www.healthtechnologyservice.com

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