

# Meaningful Use Audit

## One Hospital's Success

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# Presenters

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# Audit Basics

- CMS, and its contractors, will perform audits on Medicare and dually-eligible Medicare/Medicaid providers.
- States, and their contractors, will perform audits on Medicaid providers. Variability among the States.
- CMS and states will also manage appeals processes.

# Who Gets the Audit?

- As of July 2013 over 300,000 unique EPs and 4,000 unique EHs have received CMS EHR incentives.
- CMS states the aim is to audit 5% - 10% of participants.

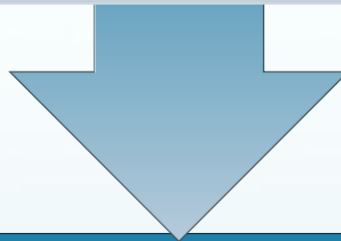
# What Generates the Audit?

- Random
- Suspicious Data
- Whistleblowers

# Audit Basics

All providers attesting to receive Incentives from Medicare or Medicaid EHR Incentive Programs should retain ALL relevant supporting documentation

Paper or electronic format used in the completion of the Attestation Module responses



Documentation to support the attestation should be retained for six years post-attestation.

The Audit Process



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graph TD; A[The Audit Process] --> B[The Letter]; B --> C[The Request for Documentation]; C --> D[Response and Request]; D --> E[Final Determination]; E --> F[Appeal Process];
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The diagram illustrates a sequential process with six steps, each contained within a rectangular box. The boxes are arranged vertically and connected by downward-pointing arrows. The background features a light blue gradient with abstract shapes at the bottom.

The Letter

The Request for Documentation

Response and Request

Final Determination

Appeal Process

# The Letter

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First contact will be an email from Figlioizzi and Company from a CMS email address to the email address provided during registration for the EHR Incentive Program.

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“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.”



# The Request for Documentation

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Figliozi and Company uses a secure communication process to receive sensitive information from the provider.

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Proof of possession of a Certified Electronic Health Record Technology system.

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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) for Core and Menu Set Measures.

# The Request for Documentation

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“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.”

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Yes/No attestation measures: must also be documented via screenshots, documentation from EHR vendor, etc.

# Response and Request

Submitted documentation is reviewed and if necessary there will be a request of additional documentation or clarification

# Final Determination - Good

“We performed a desk review on your facility’s meaningful use attestation for the Program Year 2011 and Payment Year 1. Based on our desk review of the supporting documentation furnished by the facility, **we have determined that Hospital XYZ has met the meaningful use criteria.**”

# Final Determination - Bad

“We performed a desk review on your facility’s meaningful use attestation for the Program Year 2011 and Payment Year 1. Based on our desk review of the supporting documentation furnished by the facility, **we have determined that Hospital XYZ has not met the meaningful use criteria, for the following reasons: Failed Eligible Hospital Meaningful Use Core Measure X. Since your facility did not meet the meaningful use criteria, the incentive payment will be recouped. You will receive a demand for your total Medicare EHR incentive payment shortly from the EHR HITECH Incentive Payment Center. The demand letter will include all information regarding the repayment process, and will also include your appeal rights.**”

# Staying Out of Trouble



Know what you are doing.  
A knowledge gap during  
Registration and Attestation  
is not a valid excuse.

# Staying Out of Trouble

Attesting to meeting the percentage based Meaningful Use objectives with documentation that is not verifiable.

Attesting numerators/denominators

Clinical Quality Measures

Attesting to meeting the non percentage based Meaningful Use objectives when you didn't do them or can't prove you did.

Capability to exchange key clinical information (2011/2012 only)

Protect Electronic Health Information

# Appeals



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CMS handles the appeal process for EPs, EHRs, and CAHS in the Medicare and dual eligible hospitals.

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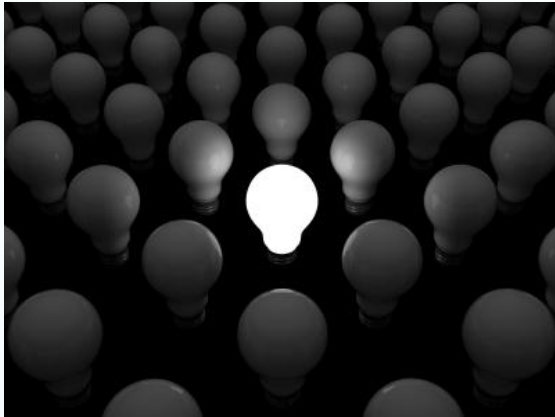
States are responsible for appeals related to the Medicaid EHR Incentives.



# Appeals

- Do something different
- Take a different approach
- Keep it simple
- Tell a story
- Leave the door open

# Best Practices for Audit/Appeal



- Have someone in charge
- Establish contact with auditor
- Watch the deadlines
- Look to vendor for support
- Seek counsel if needed

# Q&A

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