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Massachusetts Medicaid EHR Incentive Payment Program Audit Preparation & Process

Topics for Today's Webinar



- Audit Process
- Audit Overview
- Program Monitoring and Oversight
- Documentation Requirements
 - Meaningful Use Reports
 - Screenshots
 - Privacy and Security Requirements
- Core Measure Checklist
- Menu Measure Checklist
- Best Practices
- Resources

Audit Process

Audit Process

- **Prepayment checks** – built into the Program
 - Detect inaccuracies in eligibility, reporting & payment
- **Post-payment audits** – completed over course of Program
 - If auditor finds provider **not eligible**, payment will be recouped
- **Program appeals process**
 - Pre-payment reconsideration process
 - Post-payment appeals process

Audit Process: Several Steps

- **Random sampling of EP identified for audit include the following steps:**
- **Step 1:** Notify providers they are being audited.
- **Step 2:** Conduct a desk or schedule onsite audit review
- **Step 3:** Request provider to complete EHR audit questionnaire
- **Step 4:** If improper payment or fraud and abuse is identified, a full investigation is initiated.
- **Step 5:** If fraud is suspected, the provider will be referred to MassHealth Legal Team for review, and may be referred to Medicaid Fraud Division (MFD). Providers have a right to appeal the decision.

Audit Overview

Audit Overview

- MassHealth is responsible for audits in the Massachusetts Medicaid EHR Incentive Payment Program
 - Maintain program integrity / ensures payments properly made
 - Audit EPs/EHs after incentive payments are made
- Any EP/EH attesting to receive EHR incentive payment can be subject to audit
- For EP/EH found deficient, MassHealth will recoup entire incentive payment for reporting period in question
- EPs/EHs should capture all required information as snapshot of point in time
 - Relate back to applicable MU Stage 1 requirements
- EPs/EHs are required to retain ALL documentation used in attestation (paper/electronic)
 - For each year of participation, retain for minimum of 6 years post-attestation
 - Maintain in non-modifiable form (e.g., screenshots with dates)
 - Ensure all PHI is removed when obtaining EHR screenshots

Program Monitoring and Oversight

MassHealth has strict program monitoring and oversight processes

- Methods to avoid making improper payments within program include:
 - Program monitoring
 - Post-payment auditing strategies
 - Preventing & detecting fraud / abuse
 - Federal claiming & federal reporting
- Strategy includes both pre- and post-payment processes
 - Avoid making improper payments before any disbursement
 - Detect/follow-up on improper payments after they're made
- Strategies to prevent and detect fraud/abuse and monitoring of:
 - Provider payments
 - Program operations & management
- Post-payment audit strategy complements program integrity processes
 - MeHI Provider Enrollment & Verification team and MassHealth
 - Note: supporting documentation may be requested during a post-payment audit even if it was not requested during pre-payment validation

Provider Post-Payment Audit & Monitoring

- MassHealth multi-pronged post-payment auditing strategy:
 - Ad hoc audits based on analytics
 - Application of Risk Criteria
 - Integration with on-going reporting
 - Provider monitoring activities

- Activities to prevent and detect fraud and abuse occur throughout the Program life-cycle:
 - PCU (Provider Compliance Unit) will apply routine methods of detecting fraud and abuse
 - EOHHS' Legal Bureau ensure cases referred to AG's Medicaid Fraud Division (MFD)
 - Corrective action plans with providers

Audit Information Requests

Audit Information Requests

Information request from auditor may include but is not limited to:



- Documentation for 30% PV threshold (20% Pediatricians)
 - Medicaid Encounters /Enrollees
- Proof that provider purchased/using CEHRT system identified in MAPIR
- Adoption, Implementation & Upgrade (A/I/U):
 - Receipts & leases, software maintenance contracts
- Meaningful Use General Requirements:
 - Documentation demonstrating $\geq 50\%$ of patient encounters during the EHR reporting period occurred at practice(s)/location(s) with CEHRT
 - Documentation demonstrating $\geq 80\%$ of all unique patients have at least one entry (or indication of no problems known) recorded as structured data in CEHRT
 - Auditors may review:
 - ❖ Practice Management Systems
 - ❖ Billing Systems
 - ❖ CEHRT

Audit Information Requests (cont.)

- Meaningful Use (MU) measures:
 - Documentation supporting numerators/denominators to which attested
 - ❖ All percentage-based reports generated from the EHR must identify that the report was generated by the EHR
 - Documentation demonstrating compliance with public health measures
 - ❖ If exclusion was taken because EHR system had HL7 2.3.1 version of the standards, have supporting documentation available from vendor
 - ❖ DPH Acknowledgement – test message submitted (success/fail)
 - ❖ Production intent or confirmation letter from Mass DPH
 - Example of clinical decision support rule implemented (screenshots)
 - ❖ Must be relevant to specialty or high clinical priority
 - Copy of security risk analysis
 - ❖ Must have been conducted after implementation of CEHRT and
 - ❖ Prior to or during EHR reporting period
- Documentation demonstrating Core/Menu Measures:
 - Compliance with % of unique patients requirement
 - Supporting “Yes / No” Measures



Compliance with certain Core Measures

- MU General Requirement:

Must demonstrate that $\geq 80\%$ of all unique patients have at least one entry (or indication of no problems known) recorded as structured data in CEHRT



- The same denominator is used in three Core Measures (CM):

- CM 3 - Problem List
- CM 5 - Medication List (*Core Measure 4 for EH*)
- CM 6 - Medication Allergy List (*Core Measure 5 for EH*)

- If audited, providers prove this through documentation from:

- CEHRT
- Practice Management Systems
- Patient Rosters
- Billing Systems

Screenshots



- Screenshots should be created for all “Yes / No” Core Measures (CM) and Menu Measures (MM):
 - CM 2 - Drug-to-Drug and Drug-Allergy Interaction
 - CM 11 - Clinical Decision Support *(Core Measure 10 for EH)*
 - MM 1 - Drug Formulary
 - MM 3 - Patient List by specific condition *(Menu Measure 4 for EH)*
 - MM 9 - Immunization Registry *(Menu Measure 8 for EH)*
 - MM 10 - Syndromic Surveillance

- Be sure that all screenshots have:
 - Dates from within the reporting period
 - The provider’s name on the screenshot

- Screenshots may be requested as proof that functionality was activated throughout the reporting period.

Privacy and Security



Providers required to protect electronic health information created/maintained by CEHRT (CM 15)

- Providers must conduct security risk analysis
 - Implement security updates
 - Correct identified security deficiencies
- Providers must be able to:
 - Supply Auditor with Security Risk Assessment
 - Demonstrate policies/procedures re: Core Measure 15
- Auditors will look for:
 - Risks identified in analysis
 - Providers have taken action on risks identified



Meaningful Use Reports

Regarding Meaningful Use Reports:



- Save hard copy of MU & CQM Reports
 - After 1st year, reports may not show same number
- Auditors may request CEHRT dashboards:
 - Vendor's logo
 - Provider's name
 - Reporting period
 - Reports or lists

Audit Checklist

Audit Checklist

AUDIT CHECKLIST:

- Documentation demonstrating that $\geq 50\%$ patient encounters during EHR reporting period occurred at practice(s)/location(s) with CEHRT
- Documentation demonstrating that $\geq 80\%$ of unique patients have their data in the CEHRT during EHR reporting period
- Documentation demonstrating 30% minimum patient volume threshold requirement (20% for Board-Certified Pediatricians)

Audit Checklist – Core Measures

Number	Core Measures
1	<p>CPOE for Medications: <input type="checkbox"/> Exclusion Claimed. Reason: _____</p> <p><input type="checkbox"/> <u>Audit Documentation:</u> Report used to obtain numerator & denominator OR to document reason for exclusion</p> <ul style="list-style-type: none"> <input type="checkbox"/> EP reported using ALL patient records <input type="checkbox"/> EP reported using only patient records maintained in CEHRT
2	<p>Drug Interaction Check:</p> <p><input type="checkbox"/> <u>Audit Documentation:</u> Screenshot from CEHRT showing active drug-to-drug & drug-allergy checking for entire reporting period OR interaction alert audit report</p>
3	<p>Maintain Problem List:</p> <p><input type="checkbox"/> <u>Audit Documentation:</u> Report used to obtain numerator & denominator</p>
4	<p>E-Prescribing (eRX): <input type="checkbox"/> Exclusion Claimed. Reason: _____</p> <p><input type="checkbox"/> <u>Audit Documentation:</u> Report used to obtain numerator & denominator OR to document reason for exclusion</p> <ul style="list-style-type: none"> <input type="checkbox"/> EP reported using ALL patient records <input type="checkbox"/> EP reported using only patient records maintained in the certified EHR
5	<p>Active Medication List:</p> <p><input type="checkbox"/> <u>Audit Documentation:</u> Report used to obtain numerator & denominator</p>
6	<p>Medication Allergy List:</p> <p><input type="checkbox"/> <u>Audit Documentation:</u> Report used to obtain numerator & denominator</p>

Audit Checklist – Core Measures

Number	Core Measures
7	Demographics: <input type="checkbox"/> Audit Documentation: Report used to obtain numerator & denominator
8	Vital Signs: <input type="checkbox"/> Exclusion Claimed. Reason: _____ <input type="checkbox"/> Audit Documentation: Report used to obtain numerator & denominator OR to document reason for exclusion
9	Smoking Status: <input type="checkbox"/> Exclusion Claimed. Reason: _____ <input type="checkbox"/> Audit Documentation: Report used to obtain numerator & denominator OR to document reason for exclusion <ul style="list-style-type: none"> <input type="checkbox"/> EP reported using ALL patient records <input type="checkbox"/> EP reported using only patient records maintained in CEHRT
10	Clinical Quality Measure (CQMs): <input type="checkbox"/> Attach list of core or alternate core CQMs submitted <input type="checkbox"/> Attach list of three additional CQMs selected <input type="checkbox"/> Audit Documentation: Report used to obtain numerator & denominator for each CQM
11	Clinical Decision Support Rule: <input type="checkbox"/> Audit Documentation: Screenshot of CEHRT showing use of Rule plus documentation that it has been in place /uninterrupted for entire reporting period <ul style="list-style-type: none"> <input type="checkbox"/> Must be relevant to specialty/high clinical priority <input type="checkbox"/> Preferred (not required) to be connected to quality measure. <input type="checkbox"/> Drug-to-Drug & Drug Allergy interaction alerts cannot be used

Audit Checklist – Core Measures

Number	Core Measures
12	<p>Electronic Copy of Health Information: <input type="checkbox"/> Exclusion Claimed. Reason: _____</p> <ul style="list-style-type: none"> <input type="checkbox"/> Audit Documentation: Report used to obtain numerator & denominator OR to document reason for exclusion <ul style="list-style-type: none"> <input type="checkbox"/> EP reported using ALL patient records <input type="checkbox"/> EP reported using only patient records maintained in CEHRT <input type="checkbox"/> Must submit documentation to support that >50% of patients who requested e-copy of health information were provided it within 3 business days <i>during selected reporting period</i>
13	<p>Clinical Summaries: <input type="checkbox"/> Exclusion Claimed. Reason: _____</p> <ul style="list-style-type: none"> <input type="checkbox"/> Audit Documentation: Report used to obtain numerator & denominator OR to document reason for exclusion <input type="checkbox"/> Copy of a clinical summary showing that all required components are included <ul style="list-style-type: none"> <input type="checkbox"/> EP reported using ALL patient records <input type="checkbox"/> EP reported using only patient records maintained in CEHRT
14	<p>Electronic Exchange of Clinical Information:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Audit Documentation: Screenshot documenting test of sending electronic health information, plus documentation the test was/was not successful/received

Audit Checklist – Core Measures

Number	Core Measures
15	<p>Protect Electronic Health Information:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Audit Documentation: EP must provide copy of security risk analysis. <input type="checkbox"/> Demonstrate compliance by: <ul style="list-style-type: none"> - Documentation showing that a security risk analysis was conducted in accordance with the requirements under 45 CFR 164.308(a)(1) - Security updates were implemented as necessary - Identified security deficiencies were corrected as part of risk management process <p>Note: Security risk analysis and corrected identified security deficiencies are required to be completed prior to or during EHR reporting period.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Keeping copy of security risk analysis in audit file can be a security vulnerability. <input type="checkbox"/> Compromise: consider a letter in EP audit file similar to the following template: <p style="text-align: center;">To reduce the risk of security vulnerability, “Practice name here” will maintain a single security risk analysis for each CEHRT reporting period that will be available on demand to an auditing body in the event of a CMS CEHRT Incentive Program audit.</p> <p style="text-align: center;">The security risk analysis for 20xx was completed on MM/DD/YY. Necessary security updates were implemented and deficiencies corrected. Mitigation plans are in place.</p> <p>Security Official (sign and date): _____</p> <p>Eligible Professional (sign and date): _____</p>

Audit Checklist – Menu Measures

- EP – must select 5 menu measures
 - At least 1 must be public health measure

Number	Selected		Menu Measures
	Yes	No	
1	<input type="checkbox"/>	<input type="checkbox"/>	Implemented drug-formulary checks: <input type="checkbox"/> Exclusion Claimed. Reason: _____ <input type="checkbox"/> Audit Documentation: Screenshot of CEHRT showing use of a drug-formulary along with documentation that functionality has been in place/uninterrupted for entire reporting period (may have to contact vendor for documentation).
2	<input type="checkbox"/>	<input type="checkbox"/>	Clinical Lab Test Results: <input type="checkbox"/> Exclusion Claimed. Reason: _____ <input type="checkbox"/> Audit Documentation: Report used to obtain numerator & denominator
3	<input type="checkbox"/>	<input type="checkbox"/>	Patient List: <input type="checkbox"/> Audit Documentation: Report of patients with a specific condition (must remove all patient identifiers)
4	<input type="checkbox"/>	<input type="checkbox"/>	Patient Reminders: <input type="checkbox"/> Exclusion Claimed. Reason: _____ <input type="checkbox"/> Audit Documentation: Report used to obtain numerator & denominator <ul style="list-style-type: none"> <input type="checkbox"/> EP reported using ALL patient records <input type="checkbox"/> EP reported using only patient records maintained in CEHRT

Audit Checklist – Menu Measures (cont.)

Number	Selected		Menu Measures
	Yes	No	
5	<input type="checkbox"/>	<input type="checkbox"/>	Patient Electronic Access: <input type="checkbox"/> Exclusion Claimed. Reason: _____ <input type="checkbox"/> Audit Documentation: Report used to obtain the numerator and denominator <input type="checkbox"/> EP reported using ALL patient records <input type="checkbox"/> EP reported using only patient records maintained in the certified CEHRT
6	<input type="checkbox"/>	<input type="checkbox"/>	Patient-specific Education Resources: <input type="checkbox"/> Audit Documentation: Report used to obtain the numerator and denominator
7	<input type="checkbox"/>	<input type="checkbox"/>	Medication Reconciliation: <input type="checkbox"/> Exclusion Claimed. Reason: _____ <input type="checkbox"/> Audit Documentation: Report used to obtain the numerator and denominator <input type="checkbox"/> EP reported using ALL patient records <input type="checkbox"/> EP reported using only patient records maintained in the certified EHR
8	<input type="checkbox"/>	<input type="checkbox"/>	Transition of Care Summary: <input type="checkbox"/> Exclusion Claimed. Reason: _____ <input type="checkbox"/> Audit Documentation: Report used to obtain the numerator and denominator <input type="checkbox"/> EP reported using ALL patient records <input type="checkbox"/> EP reported using only patient records maintained in the certified EHR

Audit Checklist – Menu Measures (cont.)

Number	Selected		Menu Measures
	Yes	No	
9	<input type="checkbox"/>	<input type="checkbox"/>	<p>Immunization Registry Data Submission: <input type="checkbox"/> Exclusion Claimed. Reason: _____</p> <p><input type="checkbox"/> Audit Documentation: Screenshot from CEHRT demonstrating test submission of electronic data to immunization registries OR</p> <ul style="list-style-type: none"> - Documentation that registry does not have capacity to receive the information electronically (e.g., letter or email directly from the immunization registry).
10	<input type="checkbox"/>	<input type="checkbox"/>	<p>Syndromic Surveillance Submission: <input type="checkbox"/> Exclusion Claimed. Reason: _____</p> <p><input type="checkbox"/> Audit Documentation: Screenshot from CEHRT demonstrating test of capacity to provide electronic data to a public health agency OR</p> <ul style="list-style-type: none"> - Documentation that public health agencies do not have capacity to receive the information electronically (e.g., letter or email directly from the public health agency)

Best Practices



- Retrieve and save EHR audit logs, etc.
- Work with the vendor
 - look at an audit trail
 - obtain a letter of support
- Do not send PHI
- Customize reports so that they retain all of the documentation that demonstrates how the data was accumulated and calculated
- Documentation for exclusions
 - Especially with Public Health requirements

Helpful Links

Massachusetts eHealth Institute:

<http://maehi.org/content/medicaid-CEHRT-incentive-payment-program>

Executive Office of Health & Human Services:

<http://www.mass.gov/eohhs/gov/newsroom/masshealth/providers/electronic-records/>

Centers for Medicare and Medicaid CEHRT Incentive Programs:

<https://www.cms.gov/Regulations-and-Guidance/Legislation/CEHRTIncentivePrograms>

Office of the National Coordinator for Health Information Technology:

<http://healthit.hhs.gov>

Health IT.gov:

<http://www.healthit.gov/>

Massachusetts Immunization Information System (MIIS):

<http://www.mass.gov/dph/miis>

Provider Online Service Center (POSC):

<https://newmmis-portal.ehs.state.ma.us/EHSProviderPortal/appmanager/provider/desktop>

QUESTIONS?