CHITREC
CHICAGO HEALTH INFORMATION TECHNOLOGY
REGIONAL EXTENSION CENTER

# EHR Incentive Program Audit Guidance

Illinois EHR Incentive Help Desk
May 18, 2017

# Agenda

Presenter: Sam Ross, Project Manager, Chicago Health IT Regional Extension Center

- Audit process and timeline
- Documents to save/collect
- Responding to audit

# Disclaimer

This presentation is for educational purposes only and represents best available information as of publication date. Audit requirements may change and adherence to the following guidance does not ensure passing of a program audit.

EHR Help Desk representatives work in partnership with Illinois Medicaid but do not conduct program audits. Please direct questions about specific requirements for existing or previous audits to the audit contractor or your requesting auditor.

# Process & Timeline

# Audit Process

- Conducted by the Department of Healthcare and Family Services, Office of the Inspector General, Bureau of Medicaid Integrity
- Applies to any eligible professional, eligible hospital or critical access hospital receiving an EHR Incentive payment
- Entails review of documents supporting information submitted for attestation in the performance year under audit (up to 6 years later)

# Audit Process

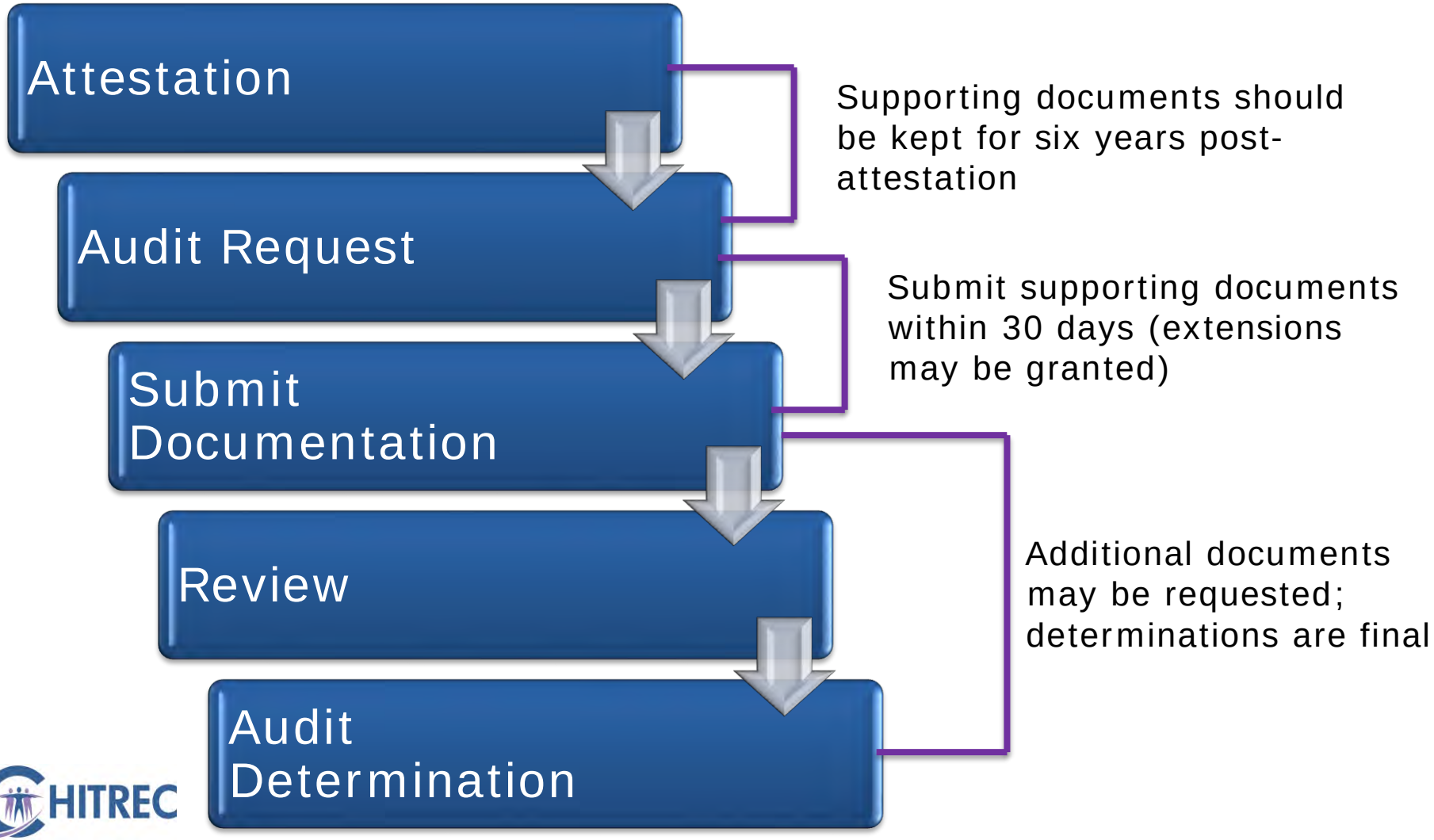
- Participants acknowledge possibility of audit

- Attestation statement*:
  - "additional documentation may be requested during a pre-payment or post payment audit"
  - "true, accurate and complete to the best of my knowledge… for numerators, denominators and exclusions for functional measures"
  - "retain documentation to support my eligibility"
  - "pursue repayment in all instances of improper payment"
  - "any falsification, or concealment of a material fact may be prosecuted under Federal and State laws"

* Acceptance required at time of attestation. The complete disclaimer language can be found on page 59 of the eMIPP Toolkit at:

www.illinois.gov/hfs/SiteCollectionDocuments/4417EHRIncentiveProgramToolkitv8.pdf

# Audit Timeline



# Documents to Save/Collect

# Documentation

- Best practice: save audit documents during MU reporting period, complete file prior to attestation
- Evidence will reflect compliance with program requirements as of the performance year
- If necessary: collect documents retrospectively
- MU rule changes and EHR updates may limit ability to create supporting evidence later

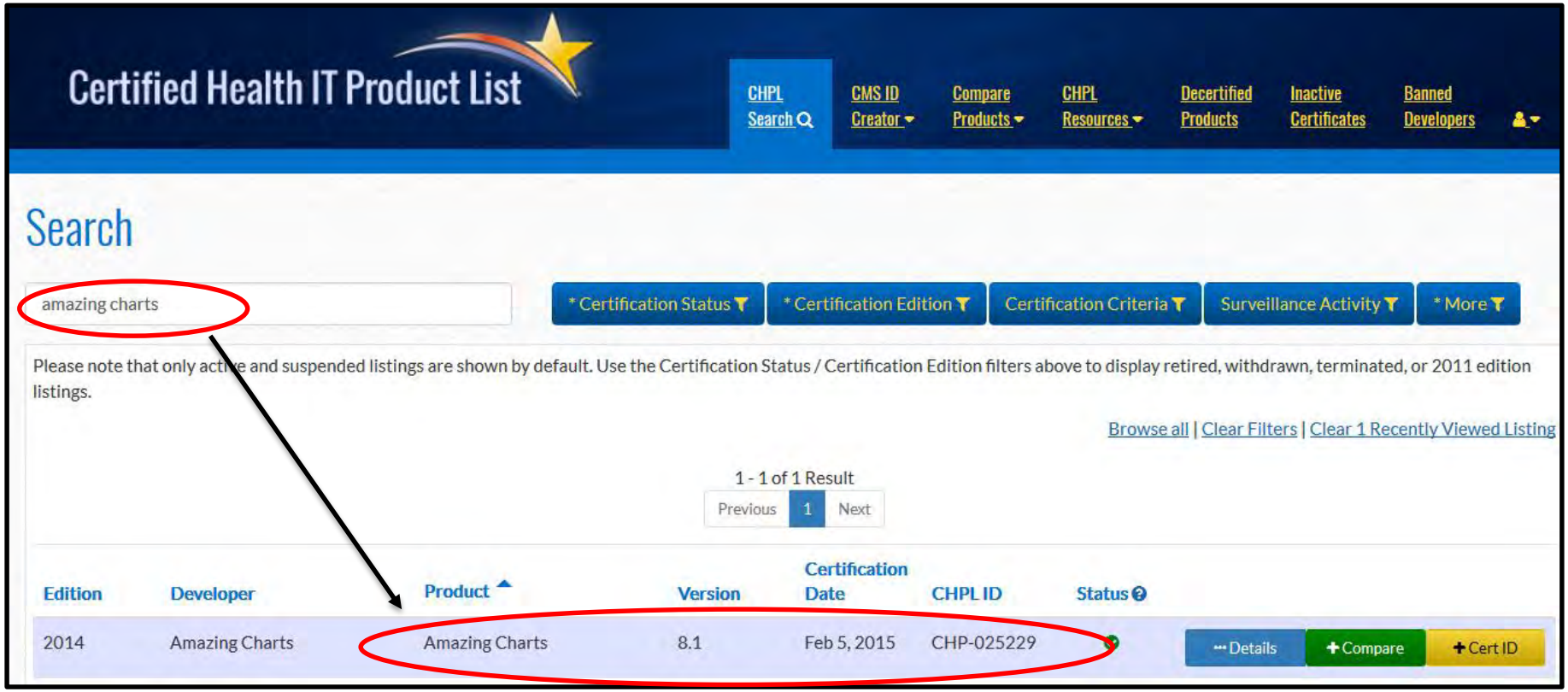
# ONC Certified Software

- Documentation of CHPL certification ID for version of software referenced during attestation
- Documentation to prove acquisition/purchase/lease of certified EHR software (contract, invoice, license)
- Documentation of all locations where EP encounters occurred (during MU period)

**NOTE**: This is not an exhaustive list. Documents are suggested from OIG at https://www.illinois.gov/hfs/SiteCollectionDocuments/EHRIncentiveProgramAudits.pdf. Your audit may or may not require all of the above.

# Sample: CHPL ID

Search for product at https://chpl.healthit.gov




**Windows screenshot**: use "Snipping Tool" or press Alt + PrtSc keys simultaneously to copy entire screen, then paste into Word
**Mac screenshot**: press Command + Shift + 3 keys simultaneously to save entire screen to Desktop

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# Sample: EHR Acquisition

Receipt for payments to EHR vendor

[redacted]
CHICAGO, IL [redacted]

**MediSoft**

| Customer ID | Customer PO | Payment Terms |
|---|---|---|
| STAN003ED | ASSURANCE | Net Due |

| Quantity | Item | Description | Unit Price | Extension |
|---|---|---|---|---|
| 1.00 | CLINICAL 1 | [redacted]<br>01/01/2016 thru 12/31/2016<br>Annual Medisoft Clinical Assurance - 1 year option up to 115 users<br>Physician Center - 25 concurrent users (65 Providers & 30 Staff)<br>[redacted] - 1 unit up to 5 users<br>[redacted] - 3 units up to 15 users<br>[redacted] - 1 unit up to 5 users<br>[redacted] - 2 unit up to 10 users<br>[redacted] - 1 unit up to 5 users<br>[redacted] - 2 units up to 10 users - Temp Closed<br>[redacted] - 1 unit up to 5 users - Temp Closed<br>[redacted] - 1 unit up to 5 users - Closed<br>[redacted] - 3 units up to 15 users - Closed<br>[redacted] - 2 units up to 10 uses - Closed<br>Future Use - 1 unit up to 5 users | 139,610.00 | 139,610.00 |

PAID 1-26-16 CK

Phone Support, Videos, Codes on Disk, Trainings, and Custom Formats are non returnable or

| | | |
|---|---|---|
| Check No | Sales Tax | |
| | Amount Received | 0.00 |
| | TOTAL | 139,610.00 |

*Amount Due upon receipt. Delinquent accounts will be charged a finance charge of 2% per month. Thank you for keeping your account current.*

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# Eligibility Requirements

- Reports that support calculations of Medicaid and total patient encounter volume
- Group definitions, including members and locations included to calculate group volume (if applicable)
- Documentation showing an FQHC/RCH is lead by a PA (for demonstrating eligibility of PA)

**NOTE**: This is not an exhaustive list. Documents are suggested from OIG at https://www.illinois.gov/hfs/SiteCollectionDocuments/EHRIncentiveProgramAudits.pdf. Your audit may or may not require all of the above.

# Sample: Patient Volume

De-identified claims report with individual encounters

| | A | B | C | D |
|---|---|---|---|---|
| 1 | CLAIM NO | DOS | BILLING PROVIDER | INSURANCE |
| 2 | 9999999 | 5/3/2016 | JONES, JOHN | BCBS-IL |
| 3 | 9999999 | 5/24/2016 | JONES, JOHN | ILLINICARE HEALTH PLAN |
| 4 | 9999999 | 6/6/2016 | JONES, JOHN | FAMILY HEALTH NETWORK |
| 5 | 9999999 | 6/30/2016 | JONES, JOHN | BCBS-IL |
| 6 | 9999999 | 7/19/2016 | JONES, JOHN | BCBS-IL |
| 7 | 9999999 | 7/18/2016 | JONES, JOHN | HUMANA INC |
| 8 | 9999999 | 7/28/2016 | JONES, JOHN | BCBS-IL |
| 9 | 9999999 | 5/9/2016 | JONES, JOHN | MEDICAID-IL |
| 10 | 9999999 | 5/9/2016 | JONES, JOHN | BCBS-IL |
| 11 | 9999999 | 5/10/2016 | JONES, JOHN | MEDICARE-IL |

# Sample: Group Definition

Summary of encounters for each provider with each payer (Medicaid, Medicaid managed care, everything else), identify locations + TINs

| MEDICAID PATIENT VOLUME MAY 1 2015- JULY 29, 2015 | | | | | |
|---|---|---|---|---|---|
| | | | | | |
| PROVIDER | NPI NUM | MEDICAID | MERIDIAN | ILLINICARE | OTHER |
| | | | | | |
| PROVIDER 1 | 1000000000 | 413 | 183 | 273 | 109 |
| PROVIDER 2 | 1000000000 | 94 | 36 | 63 | 20 |
| PROVIDER 3 | 1000000000 | 94 | 37 | 99 | 40 |
| PROVIDER 4 | 1000000000 | 192 | 88 | 157 | 54 |
| | | | | | |
| TOTAL | | 793 | 344 | 592 | 223 |
| | | | | | |
| | | | | | |
| | | | | | |
| We have two different locations with unique TIN. All providers see patients and bill at both locations. | | | | | |
| **Location 1:** | Location Name | | | | |
| **TIN** | 100000000 | | | | |
| | | | | | |
| **Location 2:** | Location Name | | | | |
| **TIN** | 100000000 | | | | |

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# Meaningful Use Achievement

- MU and CQM reports from EHR
- Documentation supporting exclusions
- Screenshots supporting yes/no measures
- Examples of EHR functionality related to MU objectives
- HIPAA risk analysis (full document)

**NOTE**: This is not an exhaustive list. Documents are suggested from OIG at https://www.illinois.gov/hfs/SiteCollectionDocuments/EHRIncentiveProgramAudits.pdf. Your audit may or may not require all of the above

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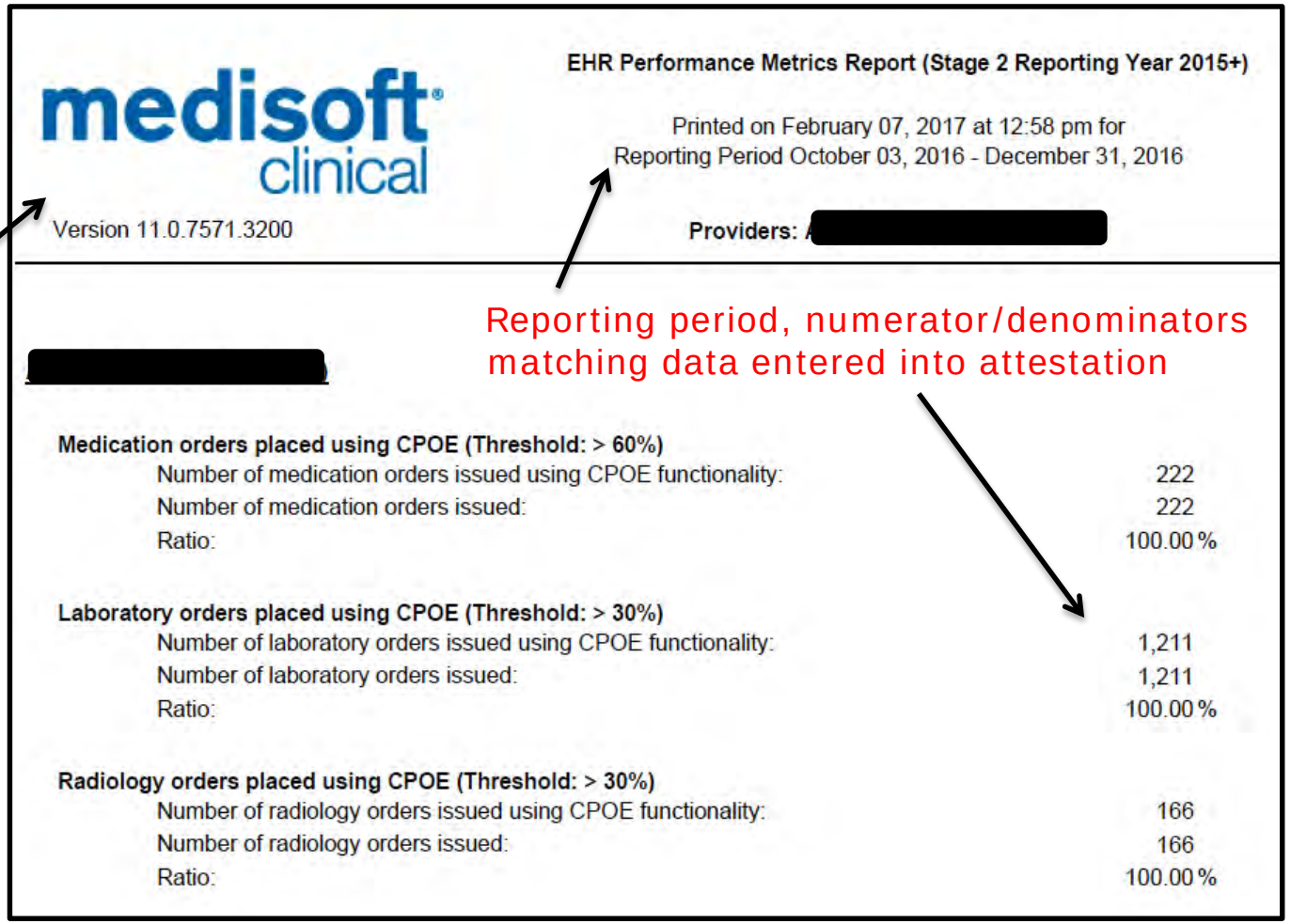
# Sample: MU Report

Printed from EHR, saved in electronic format

Product and version matching CHPL search

Reporting period, numerator/denominators matching data entered into attestation



medisoft clinical

Version 11.0.7571.3200

**EHR Performance Metrics Report (Stage 2 Reporting Year 2015+)**

Printed on February 07, 2017 at 12:58 pm for
Reporting Period October 03, 2016 - December 31, 2016

**Providers:** [redacted]

[redacted]

| | |
|---|---|
| **Medication orders placed using CPOE (Threshold: > 60%)** | |
| Number of medication orders issued using CPOE functionality: | 222 |
| Number of medication orders issued: | 222 |
| Ratio: | 100.00 % |
| **Laboratory orders placed using CPOE (Threshold: > 30%)** | |
| Number of laboratory orders issued using CPOE functionality: | 1,211 |
| Number of laboratory orders issued: | 1,211 |
| Ratio: | 100.00 % |
| **Radiology orders placed using CPOE (Threshold: > 30%)** | |
| Number of radiology orders issued using CPOE functionality: | 166 |
| Number of radiology orders issued: | 166 |
| Ratio: | 100.00 % |

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# Sample: CQM Report

Printed from EHR, saved in electronic format

Identify selected measures used for attestation

Numerator/denominators matching data entered into attestation

## Clinical Quality Measures

**9 measures from 3 different domains required**

9 more measures required
3 domains needed

| MEASURE # | MEASURE NAME / DOMAIN | NUMERATOR / DENOMINATOR | EXCLUSIONS / EXCEPTIONS | PERCENT RESULT |
|---|---|---|---|---|
| **Clinical Process / Effectiveness** | | | | |
| CMS122v4 NQF-0059 | Diabetes: Hemoglobin A1c Poor Control<br>Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period. | 20/93 | 0/0 | 21% |
| CMS123v4 NQF-0056 | Diabetes: Foot Exam<br>Percentage of patients aged 18-75 years of age with diabetes who had a foot exam during the measurement period. | 0/93 | 0/0 | 0% |
| CMS124v4 NQF-0032 | Cervical Cancer Screening<br>Percentage of women 21-64 years of age, who received one or more Pap tests to screen for cervical cancer. | 76/197 | 0/0 | 38% |

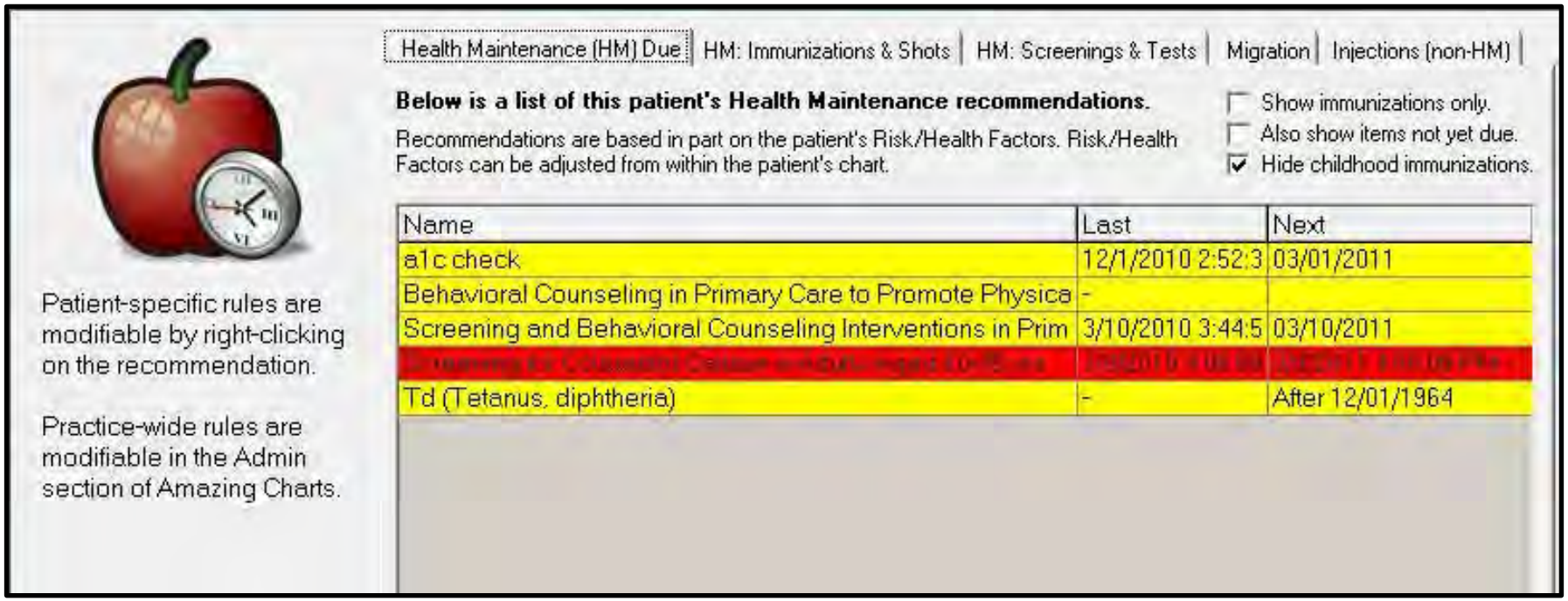
# Yes/No Measures

- Vary depending on year of attestation
- Screenshot of EHR settings and/or demonstration of functionality
- Examples:
  - Patient list (2011-2014)
  - Clinical summaries (2011-2014)
  - Clinical decision support
  - Summary of care/Health information exchange
  - Engagement with public health registries

**NOTE**: This is not an exhaustive list. Documents are suggested from OIG at https://www.illinois.gov/hfs/SiteCollectionDocuments/EHRIncentiveProgramAudits.pdf. Your audit may or may not require all of the above.

# Sample: CDS

Screenshot of clinical decision support rules/functionality

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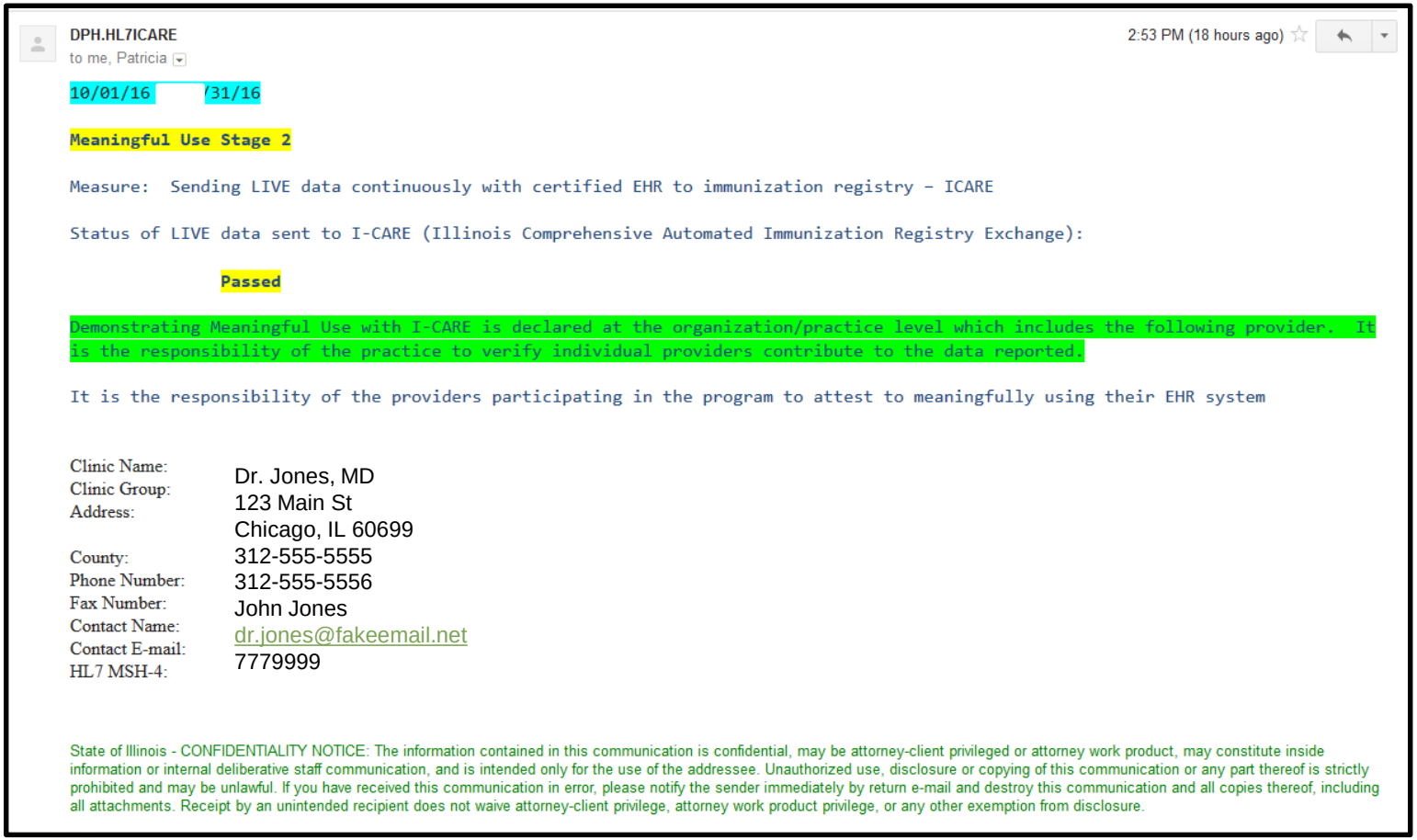
# Sample: Public Health

Screenshot of confirmation letter from ICARE



DPH.HL7ICARE
to me, Patricia

2:53 PM (18 hours ago)

10/01/16 /31/16

**Meaningful Use Stage 2**

Measure: Sending LIVE data continuously with certified EHR to immunization registry – ICARE

Status of LIVE data sent to I-CARE (Illinois Comprehensive Automated Immunization Registry Exchange):

**Passed**

Demonstrating Meaningful Use with I-CARE is declared at the organization/practice level which includes the following provider. It is the responsibility of the practice to verify individual providers contribute to the data reported.

It is the responsibility of the providers participating in the program to attest to meaningfully using their EHR system

| | |
|---|---|
| Clinic Name: | Dr. Jones, MD |
| Clinic Group: | 123 Main St |
| Address: | Chicago, IL 60699 |
| County: | 312-555-5555 |
| Phone Number: | 312-555-5556 |
| Fax Number: | John Jones |
| Contact Name: | dr.jones@fakeemail.net |
| Contact E-mail: | 7779999 |
| HL7 MSH-4: | |

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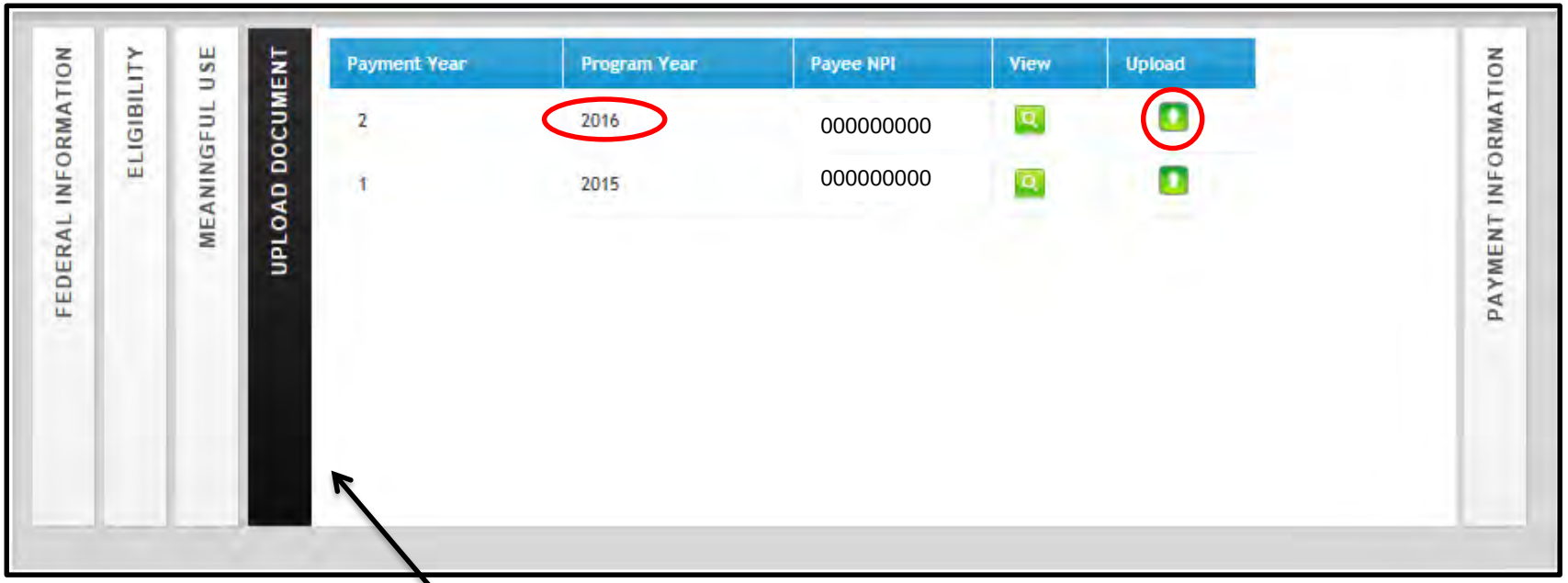
# Creating an Audit File

- Maintain paper versions
- Save electronic versions on business device
- Upload electronic versions into eMIPP
- Upload into eMIPP does not eliminate possibility of audit or additional document requests

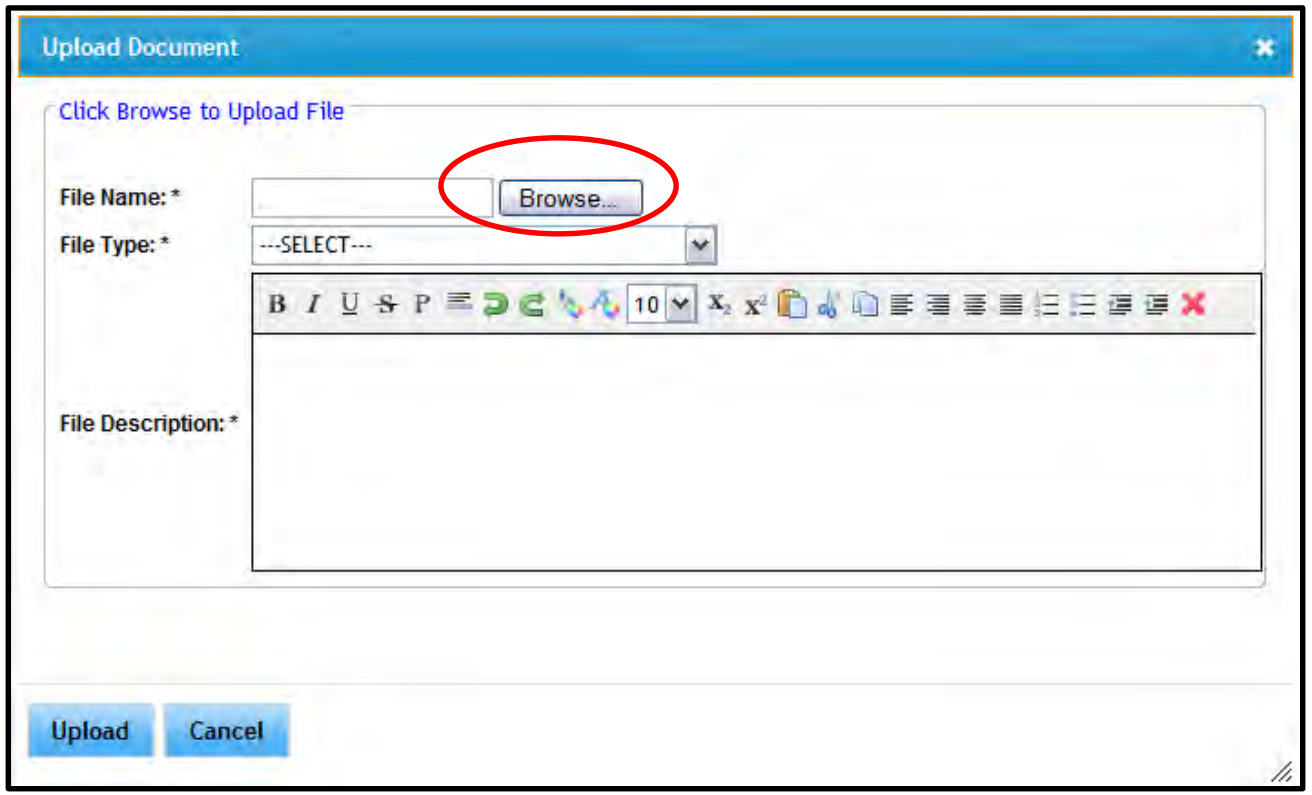
# Upload Document

- Click the “Upload Document” tab
- Click the green arrow in the upload column for 2016



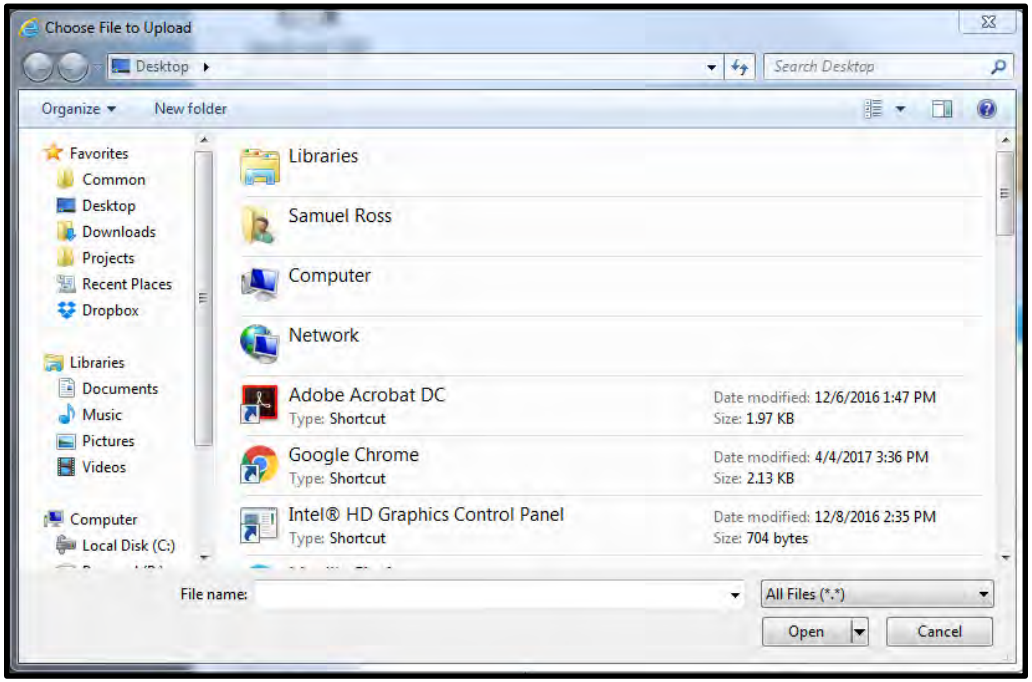
# Upload Document

- The "Upload Document" window appears within eMIPP
- Click "Browse" (or "Choose File")



# Upload Document

- "Choose File to Upload" window appears on your computer
- Navigate to the location of the file (i.e. Desktop, Documents)
- Double click or click "Open" (Word, Excel or PDF only)

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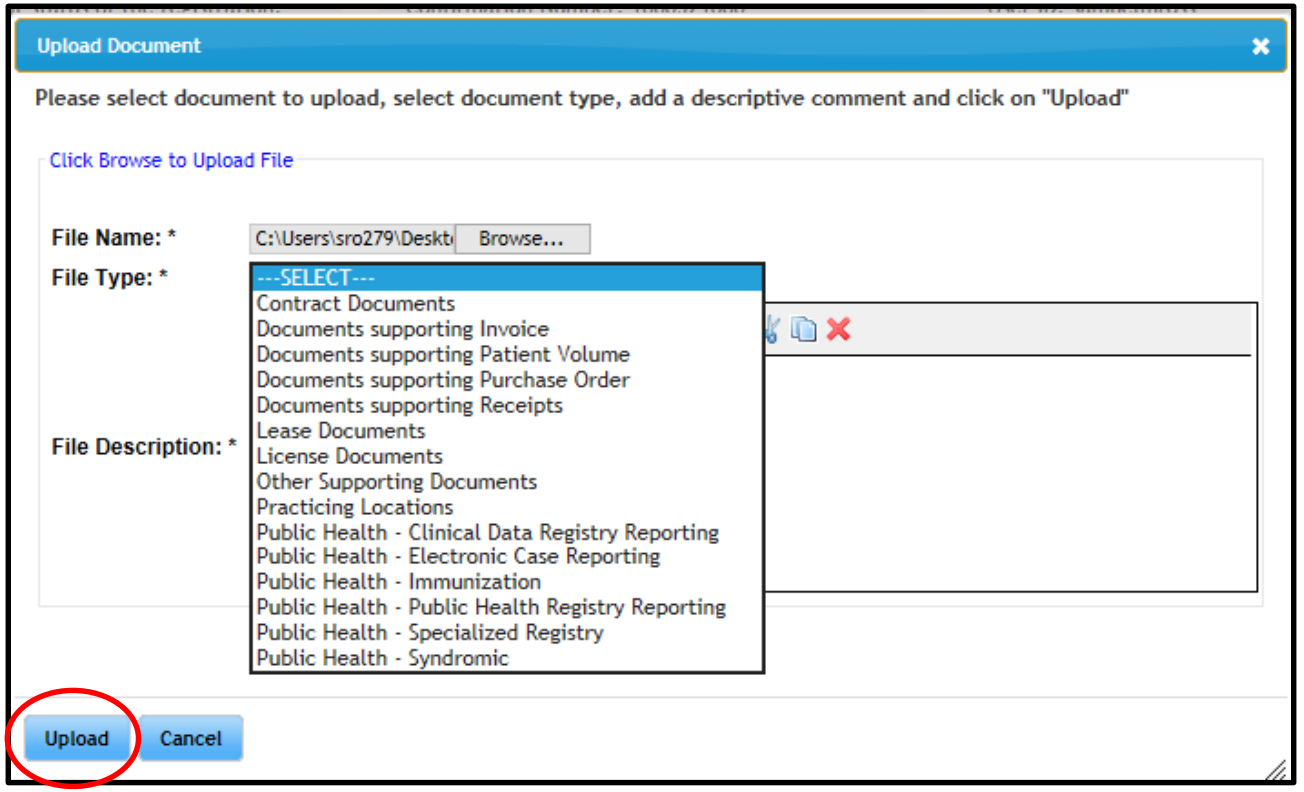
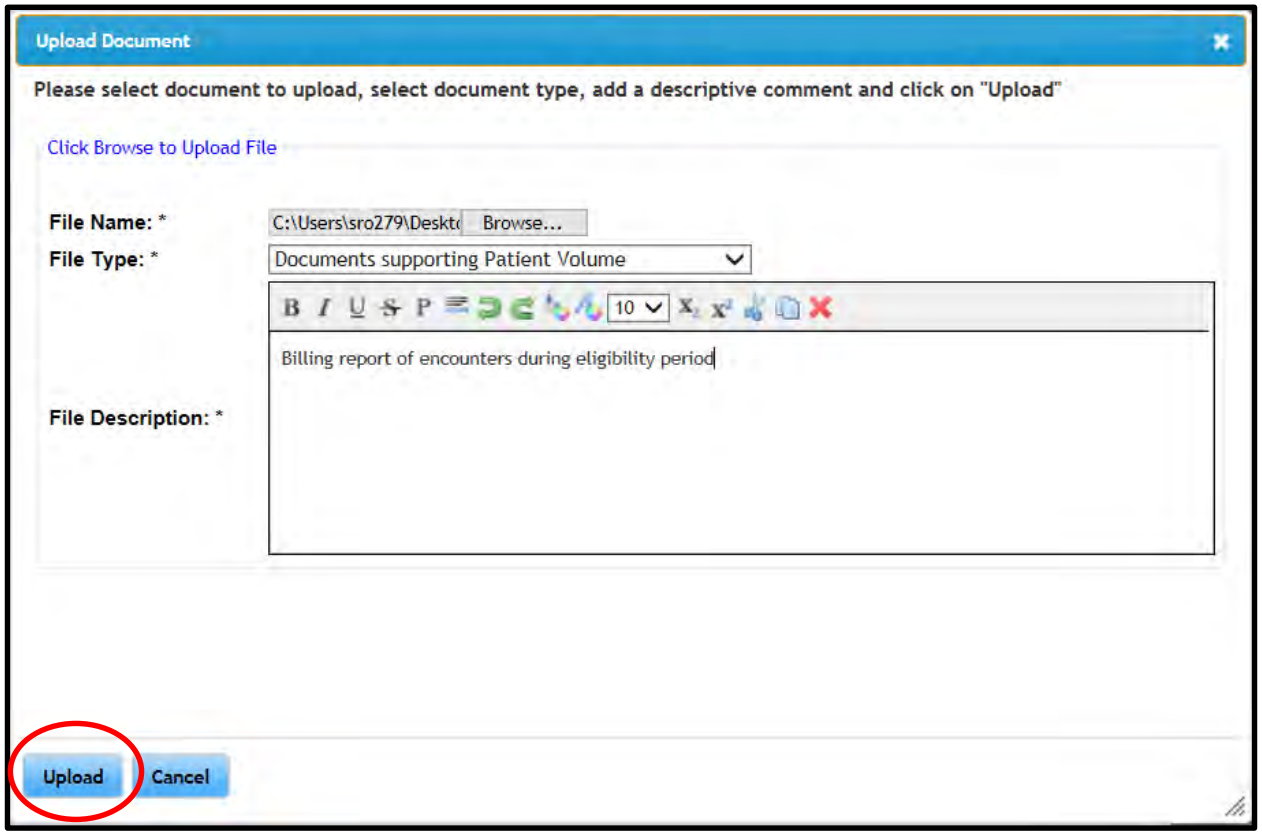
# Upload Document

- Click "---SELECT---" to choose File Type
- Select option that best corresponds to the file upload



# Upload Document

- Enter a brief file description (i.e. EHR receipt)
- Click "Upload"



# Responding to Audit

# Email Notification

All communications via HFS.OIG.Audit@Illinois.gov

**From:** "hfs.oig.audit@illinois.gov" <hfs.oig.audit@illinois.gov>
**Date:** April 6, 2017 at 7:00:13 AM CDT
**To:** [redacted]
**Subject: Illinois EHR Incentive Program Audit Notification.**

April 6, 2017

[redacted]

Notice of Review

Dear [redacted]

I represent the Illinois Department of Healthcare and Family Services, Office of the Inspector General (HFS-OIG), which ensures the integrity of the Illinois Medicaid Programs. Pursuant to State and federal law, the Illinois Department of Healthcare and Family Services, Office of Inspector General (HFS-OIG) is mandated to verify Electronic Healthcare Record Incentive payments made under the Medical Assistance Program (Medicaid).

Our records indicate that you have received payment and attested to the use of a certified EHR technology. The purpose of this letter is to inform you that HFS-OIG will be conducting an audit to ensure your compliance with the requirements of the Illinois Medicaid Electronic Health Record (EHR) Incentive Program. The EHR reporting period that will be reviewed is

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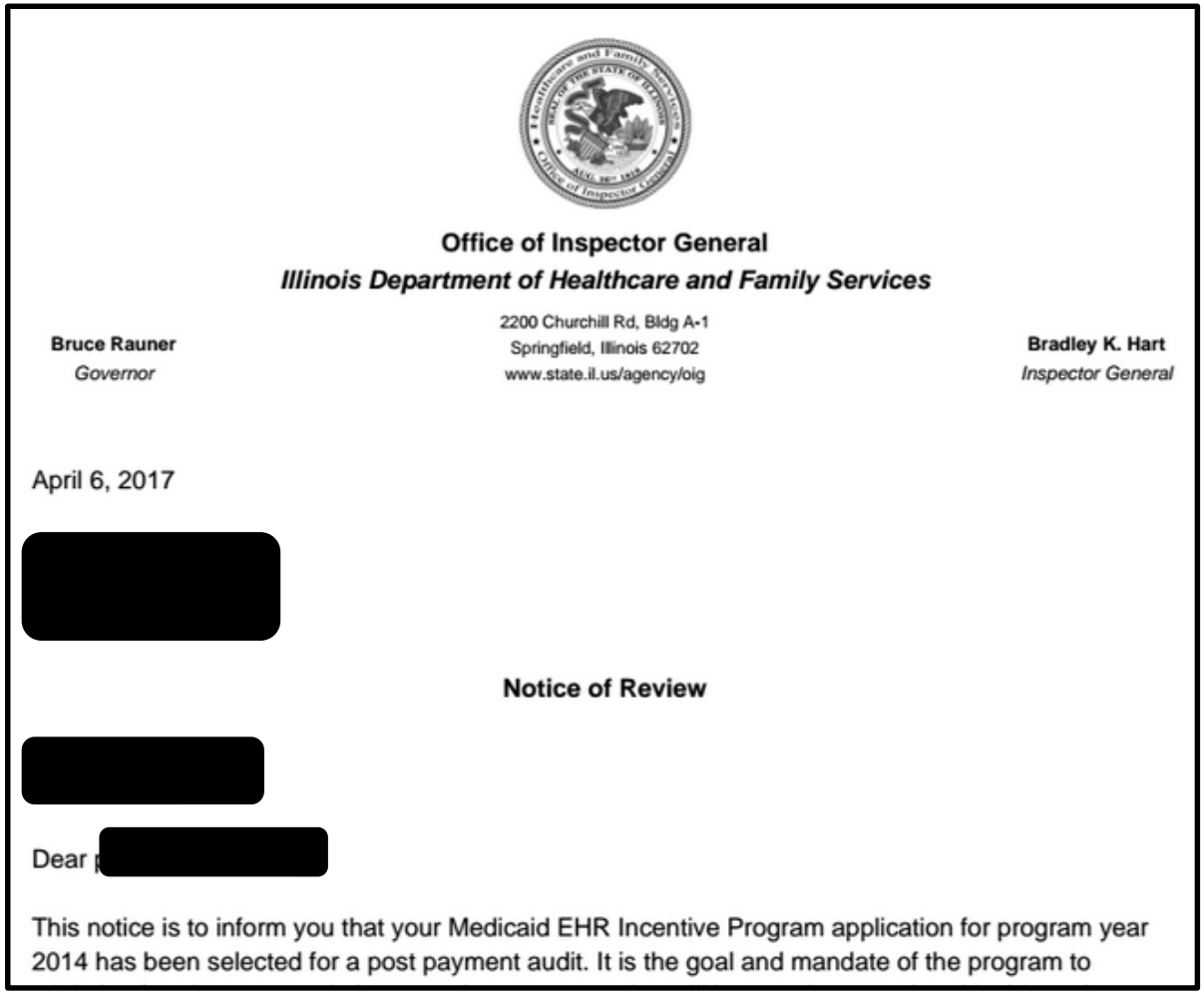
# Email Attachment

All communications via HFS.OIG.Audit@Illinois.gov



Office of Inspector General

*Illinois Department of Healthcare and Family Services*

2200 Churchill Rd, Bldg A-1
Springfield, Illinois 62702
www.state.il.us/agency/oig

**Bruce Rauner**
*Governor*

**Bradley K. Hart**
*Inspector General*

April 6, 2017

[redacted]

**Notice of Review**

[redacted]

Dear [redacted]

This notice is to inform you that your Medicaid EHR Incentive Program application for program year 2014 has been selected for a post payment audit. It is the goal and mandate of the program to

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# Reply to Email

- Acknowledge receipt
- Notify if provider was not employed at your organization during the year under audit
- Request extension, if necessary
- Submit outstanding questions
- Reply to additional requests
- Notify when documents are submitted

# Submit Documents

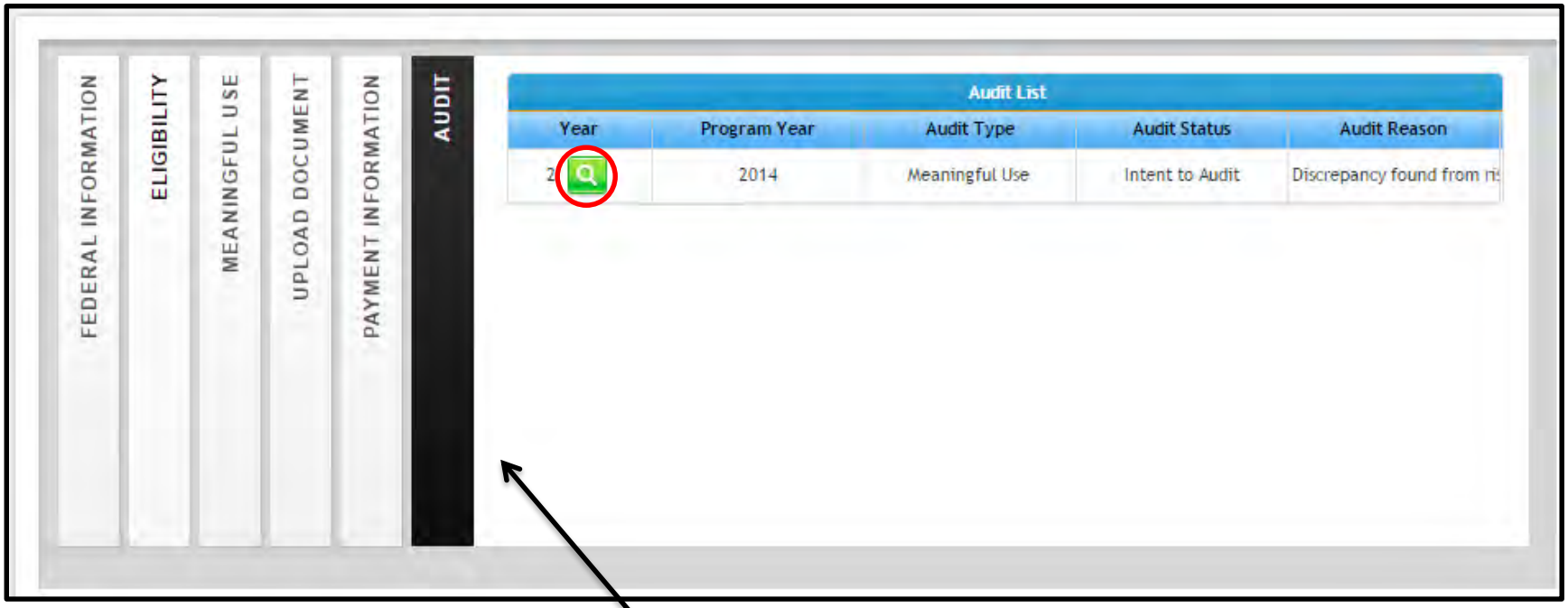
- Upload documents into eMIPP Audit tab
- Upload into state file transfer portal at https://filet.illinois.gov/filet/pimupload.asp
- Send as secure email to HFS.OIG.Audit@illinois.gov
- Send as certified mail to EHR Audits at 2200 Churchill Rd, Bldg A-1, Springfield, IL 62702

# eMIPP Audit Tab

- Log into eMIPP via IMPACT
- Click “Track” at top
- Enter CMS ID of provider under audit
- Click the “Audit” tab

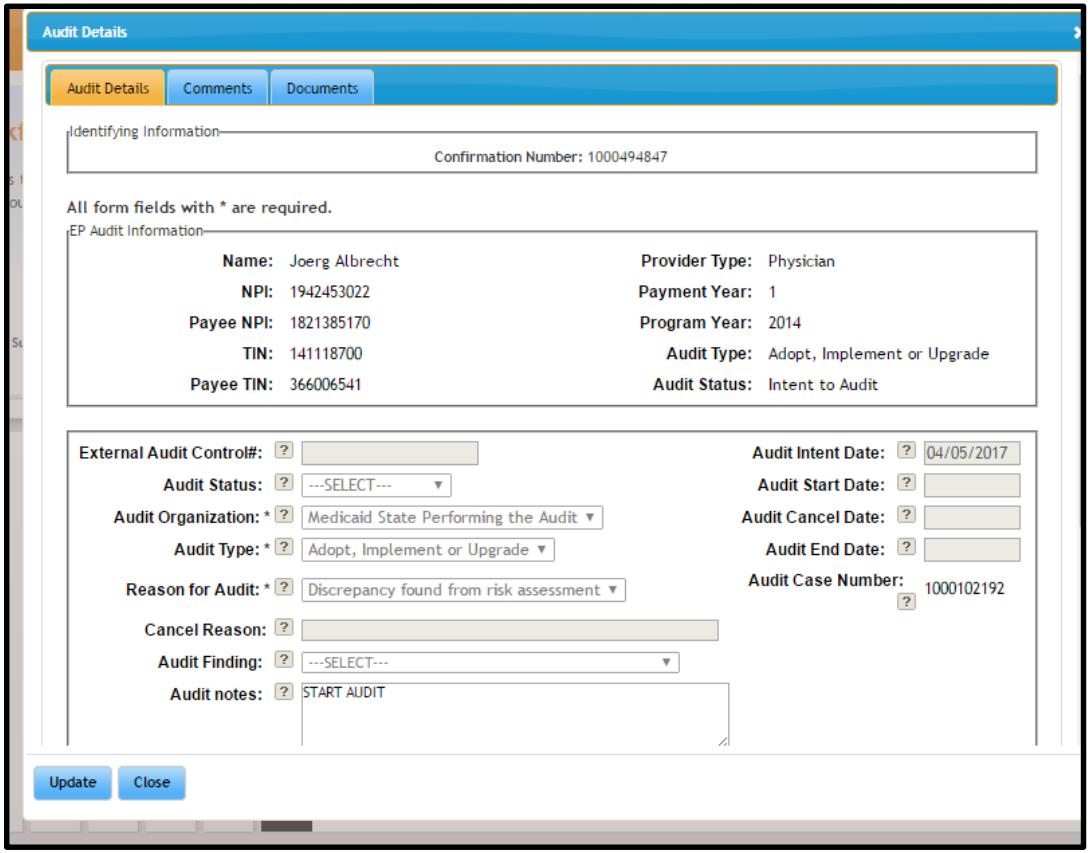
# eMIPP Audit Tab

- Click the "Audit" tab
- Click the green magnifying glass in first column



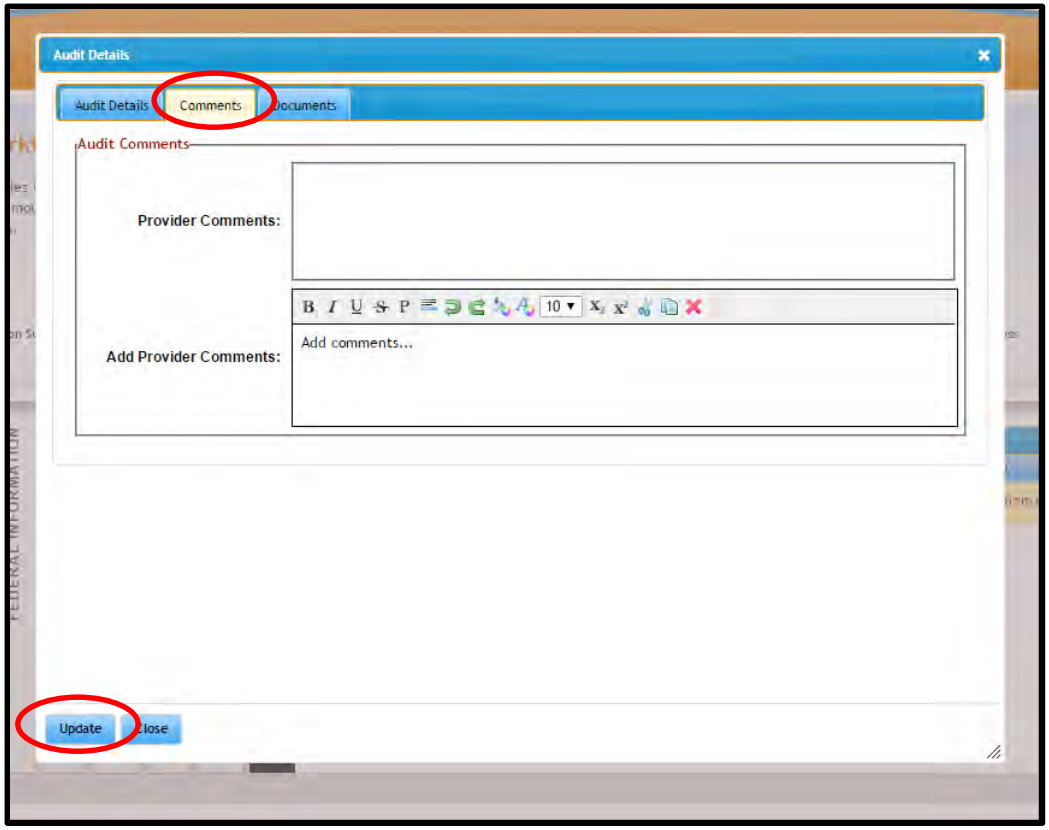
# eMIPP Audit Tab

- Opens to "Audit Details" tab
- New system; details here may not be completely accurate



# eMIPP Audit Details

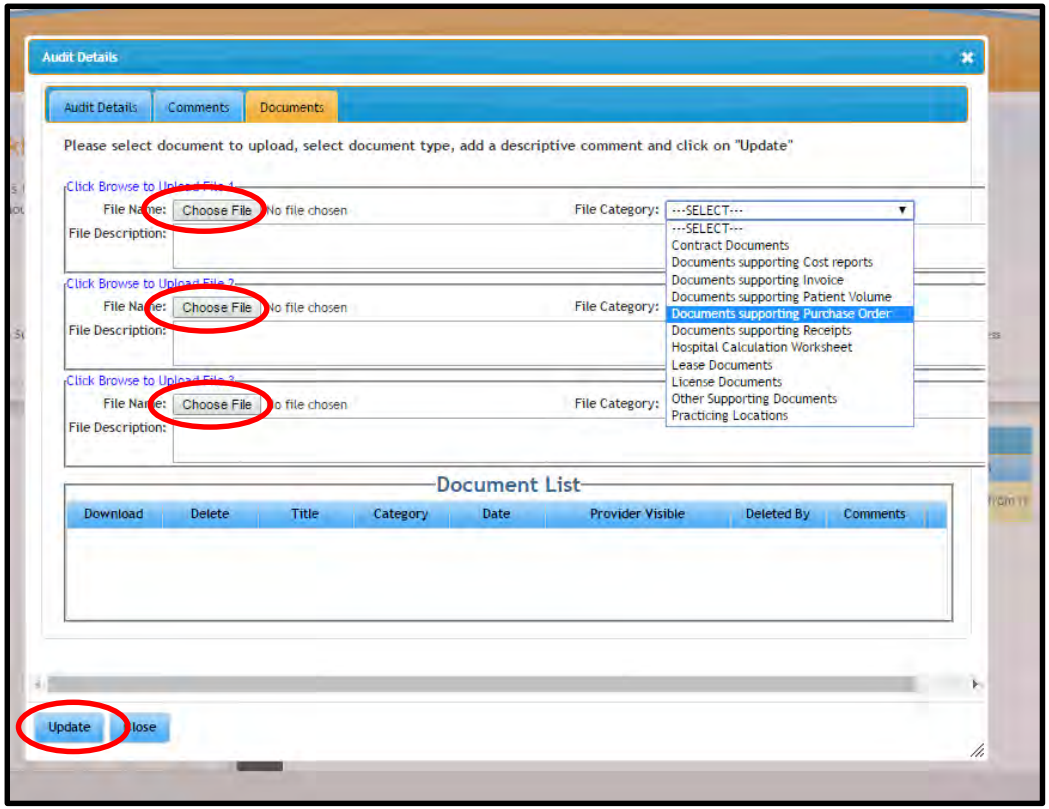
- Click the “Comments” tab at top
- Enter comments, click “Update” to save



# eMIPP Audit Details

- Click the "Documents" tab at top

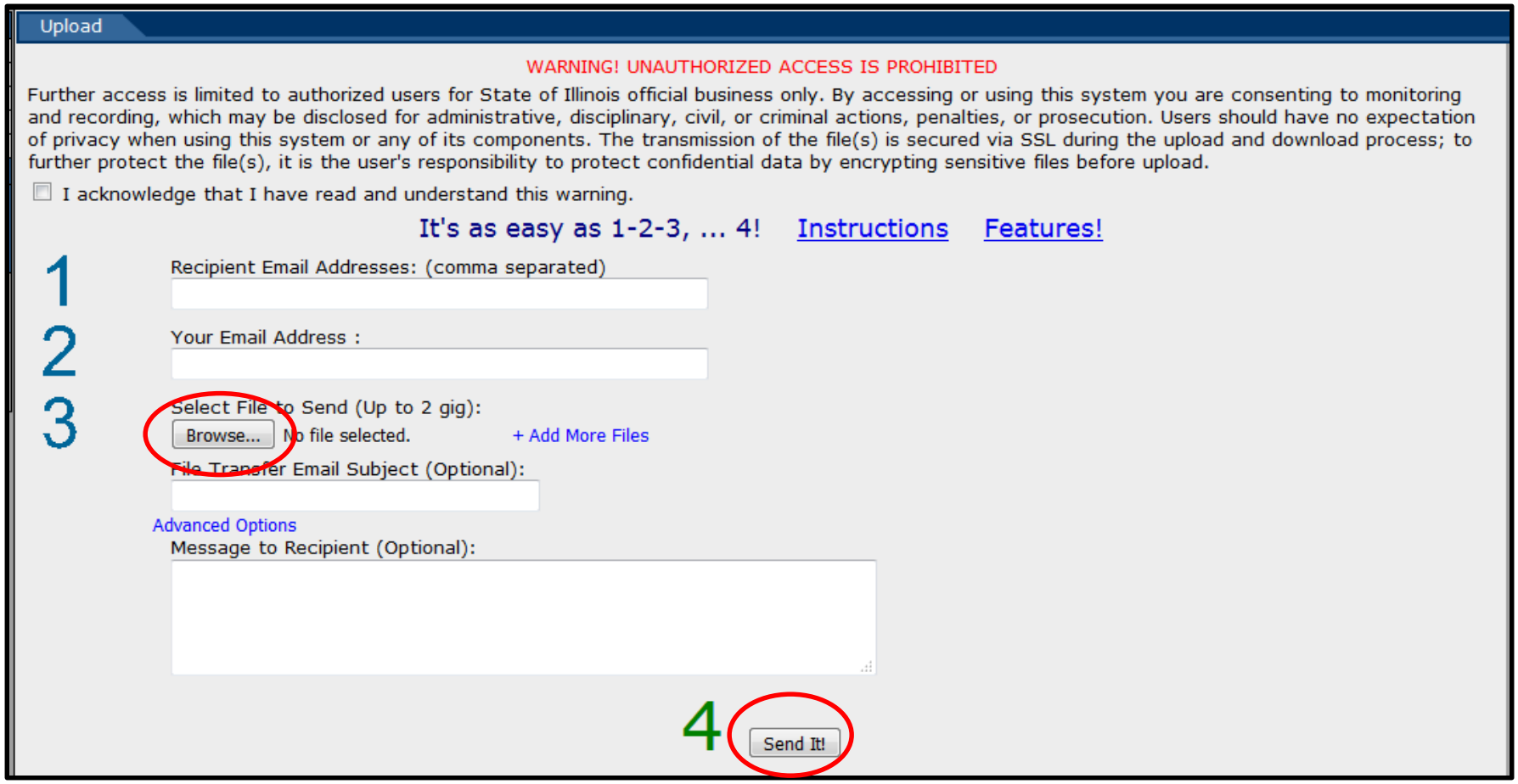
- Use the "Choose File" (or "Browse") button to select up to three files at a time; click "Update" to save



# State File Transfer Portal

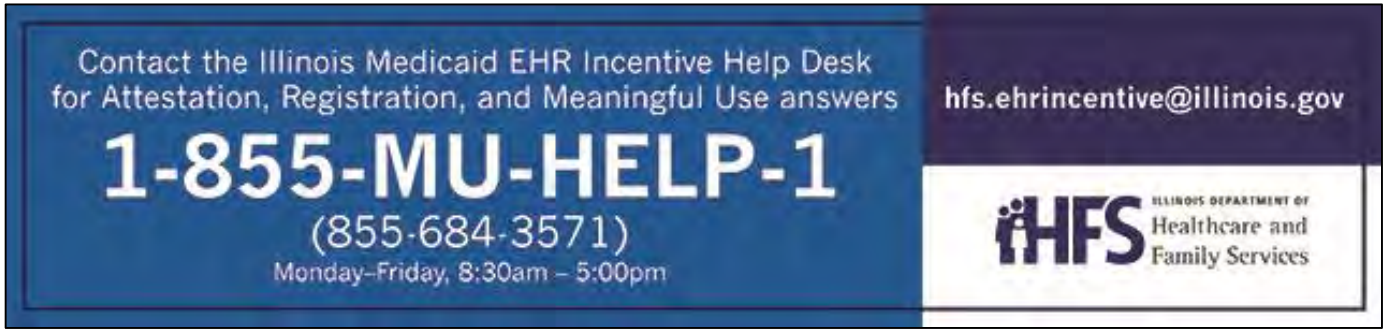
- Visit https://filet.illinois.gov/filet/pimupload.asp
- Enter HFS.OIG.Audit@Illinois.gov in "Recipient Email Addresses" field
- Enter your email address
- Click the "Browse" button to select files
- Click the "Send It" button to submit

# State File Transfer Portal



# Help Desk Information

- For general EHR Incentive and Meaningful Use inquiries, contact us by phone or email




- Chicago providers: visit www.chitrec.org for more information on services and support

- Providers outside of Chicago: visit www.ilhitrec.org

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