Get Ready For That MU Audit: One Eligible Hospital's Experience

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Abstract

The very same American Recovery and Reinvestment Act of 2009 that funded the EHR incentive program requires audits.[3] On October 9, 2013, CMS sent us an 'Audit Engagement Letter & Information Request for Program Year 2012, Payment Year 1'. Fifty-six days later, Figliozzi & Company completed their audit and determined NYHQ met the meaningful use criteria. We review what CMS advices for audit preparation and share how we replied to the auditors' request for information.

Advice from CMS

CMS suggests that 1 of 20 providers who receive Medicare or Medicaid incentives will be audited either pre- or post-payment.[2] Supporting documentation for meaningful use attestation should be kept for 6 years post-attestation.[3]

Primary documents should include the numerators and denominators for the measures; the time period the report covers; and, evidence to support that it was generated for that eligible hospital or CAH.

Suggested documentation for non-percentage-based objectives may include the following:[4]

• Drug-Drug/Drug-Allergy Interaction Checks and Clinical Decision Support – Proof that the functionality is available, enabled, and active in the system for the duration of the EHR reporting period.

• Electronic Exchange of Clinical Information – Screenshots from the EHR system or other documentation that document a test exchange of key clinical information (successful or unsuccessful) with another provider of care. Alternately, a letter or email from the receiving provider confirming the exchange, including specific information such as the date of the exchange, name of providers, and whether the test was successful.

• Protect Electronic Health Information – Proof that a security risk analysis of the certified EHR technology was performed prior to the end of the reporting period (e.g., report which documents the procedures performed during the analysis and the results).

• Drug Formulary Checks – Proof that the functionality is available, enabled, and active in the system for the duration of the EHR reporting period.

• Immunization Registries Data Submission, Reportable Lab Results to Public Health Agencies, and Syndromic Surveillance Data Submission – Screenshots from the EHR system or other documentation that document a test submission to the registry or public health agency (successful or unsuccessful). Alternately, a letter or email from registry or public health agency confirming the receipt (or failure of receipt) of the submitted data, including the date of the submission, name of parties involved, and whether the test was successful

• Exclusions – Documentation to support each exclusion to a measure claimed by the provider.

For Medicare eligible professionals and for hospitals that are eligible for both Medicare and Medicaid EHR incentive payments - When a provider is selected for an audit, they will receive an initial request letter from the audit contractor. The request letter will be sent electronically by the audit contractor from a CMS email address and will include the audit contractor' s contact information. **The email address provided during registration for the EHR Incentive Program will be used for the initial request letter.**

What the Audit Asked for & What We Sent

Part I: GENERAL INFORMATION

1. Auditor: As proof of use of a Certified Electronic Health Record Technology system, provide a copy of your licensing agreement with the vendor or invoices. Please ensure that the licensing agreements or invoices identify the vendor, product name and product version number of the Certified Electronic Health Record Technology system utilized during your attestation period. If the version number is not present on the invoice/contract, please supply a letter from your vendor attesting to the version number used during your attestation period.

NYHQ: Our E.H.R. vendor sent a certification letter that confirmed our use during our attestation period of the ONC certified version of their product, which included the ONC Certification/CHPL Product Number and CMS EHR Certification ID.

2. Auditor: Provide the documentation to support the method (Observation Services or All ED Visits) chosen to report Emergency Department (ED) admissions designating how patients admitted to the ED were included in the denominators of certain meaningful use core and menu measures (i.e. an explanation of how the ED admissions were calculated and a summary of ED admission).

NYHQ: We used the 'Observation Services' method to calculate the relevant measure denominators. As defined by CMS, the 'Observation Services' method includes all unique patients admitted to inpatient (POS 21) (https://questions.cms.gov/faq.php id=5005&faqId=3067). A query of the EHR during attestation period showed 2,962 patients were admitted to inpatient during the reporting period. The list of names of each admission is available upon request.

PART II: CORE SET OBJECTIVES / MEASURES

3. Auditor: For Core Measures #1, 3, 4, 5, 6, 7, 8, 11, & 12, provide the 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).

Please note: If you are providing a summary report from your EHR system as support for your numerators / denominators, please ensure that we can identify that the report has actually been generated by your EHR (i.e. your EHR logo is displayed on the report, or step by step screenshots which demonstrate how the report is generated by your EHR are provided).

NYHQ: Our EHR did not have a Meaningful Use reporting application for the Core and Menu Measures for our Year 1 of Meaningful Use. The Meaningful Use reporting application should be available in 2014 ONC Certified product for Meaningful Use Stage 2. The 2014 Edition E.H.R. Certification Criterion 170.314(g)(a) requires Automated Numerator Recording (http://www.gpo.gov/fdsys/pkg/FR 2012 09 04/pdf/2012 20982.pdf). Thus, for Year 1 of Meaningful Use Stage 1, we engaged a consultant that NYHQ had previously engaged successfully to create the Structure Query Language (SQL) queries to generate the numerators and denominators for Meaningful Use Stage 1 Core Measures 1, 3, 4, 5, 6, 7, and 8. The queries on the electronic health record were run with Microsoft SQL Server Management Studio, which is embedded in our vendor's EHR suite of applications. The following were sent as attachments: 'How to Run MU Reports…'; 'MU1 Core 1 CPOE.txt'; 'MU1 Core 3 Problem List.txt'; 'MU1 Core 4 Med List.txt'; 'MU1 Core 5 Allergy List.txt'; 'MU1 Core 6 Demographics.txt'; 'MU1 Core 7 Vital Signs.txt'; and, 'MU1 Core 8 Smoking.txt'.

Regarding Core Measure 11 'Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, medication allergies, discharge summary, procedures), upon request' and Core Measure 12 'Provide patients with an electronic copy of their discharge instructions at time of discharge, upon request', our Director of Health Information Management confirmed that no patients had asked for electronic copies of health information or discharge instructions during this reporting period (see Attachment 'Patient requests for electronic copies of health information or discharge instructions.pdf').

4. Auditor: Core#14 – Protect Electronic Health Information: Provide 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.

NYHQ: The template used for the risk assessment document was provided to NYHQ by a security management consulting group. By March of 2012, the Information Systems Security Officer had conducted a series of interviews, made observations, and referenced policy material to produce findings for the risk assessment. Identified risk items slated for mitigation were addressed. Policies and procedures were invoked to comply with HIPAA Security Rule requirements. The actual risk assessment was sent as an attachment.

PART III: MENU SET OBJECTIVES / MEASURES

5. Auditor: If attested to Menu Set Measures #2, 3, 5, 6 or 7, provide the 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).

Please note: If you are providing a summary report from your EHR system as support for your numerators/denominators, please ensure that we can identify that the report has actually been generated by your EHR (i.e. your EHR logo is displayed on the report, or step by step screenshots which demonstrate how the report is generated by your EHR are provided. If attested to Y/N Menu Set Measures #4, 8, 9, or 10, please supply supporting documentation).

NYHQ: The numerators and denominators for Meaningful Use Stage 1 Menu Measures 2, 4, and 5 were generated by running queries on the electronic health record with Microsoft SQL Server Management Studio (see Attachments 'How to Run MU….'; 'MU1 Menu 2 Advanced Directives.txt'; 'MU1 and, 'MU1 Menu 4 Patient Lists'; and, 'MU1 Menu 5 Patient Education.txt'). For Menu Measure 8, we attached a 'Confirmation Immunization Message Receipt' from the New York City Department of Health and Mental Hygiene.

Conclusion

The axiom 'If it isn't documented, it didn't happen' applies as much to meaningful use as it does to other aspects of healthcare.

Only submit the supporting documentation the auditor requests. If documentation for one or more measures is not requested, do not unnecessarily complicate the audit.

Finally, passing one audit does not mean there won't be others.

Preparing for a possible audit should be a part of everyone's meaningful use project plans.

References

1. Section 13411, Title XIII of HITECH Act and Title IV, Division B, Medicare and Medicaid HIT of the American Recovery and Reinvestment Act of 2009.
2. CMS: One in 20 meaningful use attesters will face audits. The Advisory Board Company. Daily Briefing, April 24, 2013.
3. EHR Incentive Programs Supporting Documentation For Audits Last Updated: February 2013. CMS.
4. CMS Frequently Asked Question #7711

Questions about audits can be referred to directly Peter Figliozzi ((516) 745-6400 x302; pfigliozzi @figliozzi.com).