

# KY REC Tip for the Kentucky Medicaid EHR Incentive Program (Promoting Interoperability)

## Audit Prep Overview

### Overview

An eligible professional (EP), eligible hospital (EH), or critical access hospital (CAH) attesting to receive an incentive payment for either the Medicare or Medicaid Electronic Health Record (EHR) Incentive Program may be subject to an audit.

The Centers for Medicare & Medicaid Services (CMS) will perform audits on Medicare and dually-eligible (Medicare and Medicaid) providers who are participating in the EHR Incentive Programs. States, and their contractor, will perform audits on Medicaid providers participating in the Medicaid EHR Incentive Program.

CMS and Kentucky Medicaid may identify the need to communicate directly with an EP, EH, or CAH related to registration, attestation, audits or appeals. This communication will be conducted via the contact information provided during registration for the EHR incentive Program. Ensure all addresses, phone numbers, email addresses and specialties are current in the Registration & Attestation System, National Plan and Provider Enumeration System (NPPES), and Provider Enrollment Chain and Ownership System (PECOS).

### Audit Information

EPs, EHs, and CAHs should retain all relevant supporting documentation – in either paper or electronic format

- Documentation to support attestation data for promoting interoperability measures objectives and clinical quality measures should be retained for six years post-attestation



- Documentation to support payment calculations (such as cost report data) should follow the current documentation retention process

<b>Eligible Professionals – 2019 Stage 3 Documentation to Retain</b>	
<b>Objective 1: Protect Patient Health Information</b>	<ul style="list-style-type: none"> <li>• Security Risk Assessments/Analyses</li> <li>• Policies, procedures and forms, such as authorization and release forms</li> <li>• Training materials, dates, times, and attendees</li> <li>• Breach notifications and investigations</li> </ul>
<b>Objective 2: Electronic Prescribing</b>	<ul style="list-style-type: none"> <li>• EHR Report including provider name, provider NPI, 90 day reporting period, numerator, denominator, and percentage</li> <li>• Screenshot of drug formulary</li> </ul>
<b>Objective 3: Clinical Decision Support</b>	<ul style="list-style-type: none"> <li>• Screenshot capture and list of CDS rules and drug-drug and drug-allergy interactions</li> </ul>
<b>Objective 4: Computerized Provider Order Entry</b>	<ul style="list-style-type: none"> <li>• EHR Report including provider name, provider NPI, 90 day reporting period, numerator, denominator, and percentage</li> <li>• Screenshot of drug formulary</li> </ul>
<b>Objective 5: Patient Electronic Access</b>	<ul style="list-style-type: none"> <li>• EHR Report including provider name, provider NPI, 90 day reporting period, numerator, denominator, and percentage</li> <li>• If log sheet was used:               <ul style="list-style-type: none"> <li>• Log Sheet</li> <li>• Policy</li> <li>• Hard Copy of Instructions</li> </ul> </li> <li>• Proof that API is enabled and instruction given to patients on how to use API functionality</li> </ul>
<b>Objective 6: Coordination of Care Through Patient Engagement</b>	<ul style="list-style-type: none"> <li>• EHR Report including provider name, provider NPI, 90 day reporting period, numerator, denominator, and percentage</li> </ul>
<b>Objective 7: Health Information Exchange</b>	<ul style="list-style-type: none"> <li>• EHR or 3<sup>rd</sup> Party HISP Reports</li> <li>• Summary of Care Document</li> <li>• EHR Report including provider name, provider NPI, 90 day reporting period, numerator, denominator, and percentage</li> </ul>
<b>Objective 8: Public Health and Clinical Data Registry Reporting</b>	<ul style="list-style-type: none"> <li>• Option 1 – Signed Participation Agreements and Addendums</li> <li>• Option 2 – KHIE/Registry Meaningful Use Confirmation Form</li> <li>• Option 3 – KHIE/Registry Go-Live Approval Form</li> <li>• Active Engagement with Public Health Registry</li> <li>• Active Engagement to send data to a Clinical Data Registry</li> <li>• Registration Receipt</li> </ul>
<b>eQMs</b>	<ul style="list-style-type: none"> <li>• EHR Report including provider name, provider NPI, 90 day reporting period, numerator, denominator, and percentage</li> <li>• QRDA III File</li> </ul>

### Common Errors:

- Not having the correct documentation
- Unable to locate all pieces of documentation
- Not having screenshots of CDS rules in place during the reporting period
- No documentation of an SRA during reporting period or calendar year

### Best Practices:

- Keep all documentation in print and electronic form for 6 years
- Clearly label attestation material
- Retain all documentation for all providers you attest, each year
- Take screenshots of CDS rules during reporting period. This allows you to prove alerts were turned on during your reporting period. These should include a time and date stamp. To take a screenshot, simply find the Ctrl key and PrtScr key. While on the page you would like to screenshot, hold down both buttons. You may paste the information in Microsoft Word or the Paint application on your computer.
- Review list above, to ensure complete list of documentation