

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

Audit Prep Overview

Overview

An eligible professional (EP) attesting to receive an incentive payment for Medicaid Electronic Health Record (EHR) Incentive Program may be subject to an audit.

States, and their contractor, will perform audits on Medicaid providers participating in the Medicaid EHR Incentive Program.

Kentucky Medicaid may identify the need to communicate directly with an EP 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 should retain all relevant supporting documentation – in either paper or electronic format

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



Eligible Professionals – 2020 Stage 3 Documentation to Retain	
Objective 1: Protect Patient Health Information	<ul style="list-style-type: none"> • Security Risk Assessments/Analyses • Policies, procedures and forms, such as authorization and release forms • Training materials, dates, times, and attendees • Breach notifications and investigations
Objective 2: Electronic Prescribing	<ul style="list-style-type: none"> • EHR Report including provider name, provider NPI, 90 day reporting period, numerator, denominator, and percentage • Screenshot of drug formulary
Objective 3: Clinical Decision Support	<ul style="list-style-type: none"> • Screenshot capture and list of CDS rules and tied CQMs • Screenshot capture of drug-drug and drug-allergy interactions
Objective 4: Computerized Provider Order Entry	<ul style="list-style-type: none"> • EHR Report including provider name, provider NPI, 90 day reporting period, numerator, denominator, and percentage • Screenshot of drug formulary
Objective 5: Patient Electronic Access	<ul style="list-style-type: none"> • EHR Report including provider name, provider NPI, 90 day reporting period, numerator, denominator, and percentage • If log sheet was used: log sheet, policy and hard copy of instructions • If other online means was used: written instructions, log sheet, list of patient education provided, policy • Proof that API is enabled and instruction given to patients on how to use API functionality
Objective 6: Coordination of Care Through Patient Engagement	<ul style="list-style-type: none"> • EHR Report including provider name, provider NPI, 90 day reporting period, numerator, denominator, and percentage
Objective 7: Health Information Exchange	<ul style="list-style-type: none"> • EHR or 3rd Party HISP Reports • Summary of Care Document • EHR Report including provider name, provider NPI, 90 day reporting period, numerator, denominator, and percentage
Objective 8: Public Health and Clinical Data Registry Reporting	<ul style="list-style-type: none"> • Option 1 – Signed participation agreements and addendums • Option 2 – KHIE/Registry Testing and Validation Confirmation • Option 3 – KHIE/Registry Go-Live Approval Form • Proof of active engagement with Public Health Registry • Proof of active engagement to send data to a Clinical Data Registry • Registration receipt
eCQMs	<ul style="list-style-type: none"> • EHR Report including provider name, provider NPI, 90 day reporting period, numerator, denominator, and percentage • QRDA III File

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