

The best time to prepare for an audit is at the time of attestation. Providers who receive an Electronic Health Record (EHR) incentive payment through Vermont Medicaid may be subject to an audit. Below are some helpful tips for audit preparation.

Process	Tip
Audit Documentation	<ul style="list-style-type: none"> • Eligible professionals (EPs) should retain relevant supporting documentation (in either paper or electronic format) used in the completion of your EHR Incentive Program application. • Screenshots and other non-numerical documentation should be dated within the EHR reporting period. • Documentation should be de-identified and HIPAA compliant. • Documentation should be retained for six years post-attestation.
Audit Selection	<ul style="list-style-type: none"> • A random sample of auditees is pulled for each program year. • More than one provider from a group may be selected for audit.
Audit Notifications	<ul style="list-style-type: none"> • Once selected, auditees will be notified via email and certified mail.
Information Request	<ul style="list-style-type: none"> • Notification from the Auditor will include a document request list that will be used to validate program eligibility, patient volume, and Meaningful Use (MU) requirements. Requests will vary, but may include the following: <ul style="list-style-type: none"> ○ A patient-level detail volume report. The report should support the numbers in your attestation (numerator and denominator). ○ Running and maintaining a detailed patient volume report is recommended at the time of attestation to support reported volume. Please see our Patient Volume Data tool available here: http://healthdata.vermont.gov/ehrip/PatientVolume/Datatool ○ A Meaningful Use report, including the numerator and denominator values for each measure, including CQMs, is typically attached to MAPIR applications at the time of attestation. However, the MU dashboard report alone is not sufficient to meet all the objectives. Documentation is required to support the yes/no measures and exclusions. Examples: <ul style="list-style-type: none"> ➤ <u>Protect Electronic Health Information</u> ➤ A dated copy of the conducted or reviewed security risk analysis, including addressing the security (including encryption) of ePHI, and the corrective action plan (to address negative findings) that ensures you are protecting private health information. ➤ The report should include evidence to support that it was generated for your EHR (e.g., identified by NPI, provider name, practice name, etc.). ➤ The security risk assessment must be conducted or reviewed within the calendar year in which the EHR reporting period occurs. (i.e., for Program Year 2017, must be conducted by 12/31/17) ➤ <u>Clinical Decision Support Rule (CDS) Implementation</u> ➤ A written description of what 5 CDS rules were implemented and what CQMs the CDS interventions are related to. If none of your EHR's CQMs are related to your scope of practice or patient populations, then include a written description of what high priority health conditions your CDS rules are related to. ➤ Screen shots of rules being used, dated during the MU reporting period. ➤ Evidence that the rules were enabled for the duration of the MU reporting period, such as an EHR audit log, custom report, letter from EHR vendor, or signed statement from Chief Information Officer or equivalent person. ➤ <u>Drug-Drug & Drug-Allergy Interaction Check Implementation</u> ➤ Evidence that the drug-drug and drug-allergy interaction checks were enabled for the duration of the reporting period, such as an EHR audit log showing dates of system parameter changes, EHR screen shots dated at the start of the reporting period, a custom report, or documentation from EHR vendor. ➤ If the exclusion was claimed, evidence that the EP wrote fewer than 100 medication orders during the MU reporting period, such as an EHR system report or MU report for the CPOE medication measure.

Public Health Reporting

- Please see the Public Health Objective Documentation Aid available here: <http://healthdata.vermont.gov/ehrip/PY2017/PHMMU2/DocAid>

Immunization Registry Active Engagement or Exclusion

- Evidence to support registration, testing, or ongoing submission with the VT Department of Health (VDH) immunization registry. This may include the VDH MU registration form, EHR system screen shots, transaction logs, MyVITL ticket or a letter from the registry.
- If an Exclusion was claimed that no immunizations were given during the reporting period, evidence to support this, such as an EHR system report showing any immunizations performed but no data collected, or a letter signed by the EP explaining the reasoning for the exclusion.
- If an Exclusion was claimed that the immunization registry was not capable or ready to receive information electronically, evidence to support this, such as an email, letter or public health website information.

Specialized Registry Active Engagement or Exclusion

- Evidence to support registration, testing, or ongoing submission with a specialized registry. This may include a registration form, EHR system screen shots, transaction logs, or a letter from the registry.
- If an Exclusion was claimed that the provider does not diagnose or treat any disease or condition associated with, or collect relevant data this is collected by a specialized registry, evidence to support this, such as a letter from the provider declaring no membership in any specialty societies, and for NH EPs, a letter explaining why the NH Cancer Registry is not relevant to them.
- If an Exclusion was claimed that no national medical society specialized registry was capable or ready to receive information electronically, evidence to support this, such as a medical society letter/website statement that it does not have a registry, or a signed provider letter stating this.
- **NOTE: Specialized registries may be sponsored or maintained by Public Health Agencies (PHAs) or other organizations (e.g., national specialty or medical societies, patient safety organizations, or quality improvements organizations such as the VT Blueprint for Health). It is your responsibility to determine if any national medical societies that you are a member of maintained a specialized registry during your MU attestation period.**

The Vermont Department of Health has not declared readiness to accept specialized registry data from EPs in 2017. The New Hampshire Department of Health and Human Services is accepting the electronic submission of cancer case information.

- A list of the practice location(s) names and addresses that you supplied MU report data for:
 - Please list the names and addresses of the practice locations(s) that your MU report data was derived.
 - Include the name of the EHR system/CEHRT used at each location.
 - Does your MU report combine data from multiple locations (yes/no)?
 - If yes, then please specify which locations have their MU data combined.
 - For your MU reporting period, please list the names and addresses of all of your practice locations, *including all employers*.
 - For your MU reporting period, did at least 50% of your encounters occur at one location where certified EHR technology (CEHRT) was being utilized (yes/no)?
 - If yes, then please specify this location.

Complying with Information Requests

- When complying with documentation requests:
 - Requested information can be uploaded to the relevant attestation in MAPIR or transferred securely via the State of Vermont’s secure email portal. The Auditor will provide you with secure email instructions.

Disclaimer: The information provided is only intended to be a general guide. It is not intended to take the place of either the written law or regulations.