Vermont Medicaid Promoting Interoperability Program (PIP)/ EHR Incentive Program (EHRIP)

Eligible Professional Audit Tip Sheet for PY2018 MU Stage 2

The best time to prepare for an audit is at the time of attestation. Providers who receive a PIP/EHRIP incentive payment through Vermont Medicaid may be subject to an audit. Below are some helpful tips for audit preparation.

Process	Tip
Audit Documentation	• Eligible professionals (EPs) should retain relevant supporting documentation (in either paper or electronic format) used in the completion of your PIP/EHRIP application. • Screenshots & other non-numerical documentation should be dated within the EHR/MU reporting period. **Please Note: The terms "*EHR Reporting Period*," "*MU Reporting Period*", and "*Promoting Interoperability Reporting Period*" all refer to the continuous 90-day period within the Program Year in which an Eligible Professional demonstrates meaningful use of certified EHR technology.** • Documentation should be de-identified and HIPAA compliant. • Documentation should be retained for six years post-attestation.
Audit Selection	• 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	• Once selected, auditees will be notified via email.
Information Request	• 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: ○ 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: https://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: **Protect Electronic Health Information** ➢ 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/MU reporting period occurs. (i.e., for Program Year 2018, must be conducted by 12/31/18) **Clinical Decision Support Rule (CDS) Implementation** ➢ 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 EHR/MU reporting period. ➢ Evidence that the rules were enabled for the duration of the EHR/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. **Drug-Drug & Drug-Allergy Interaction Check Implementation** ➢ 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.

Process	Tip
	Public Health Reporting ➢ Please see the Public Health Objective Documentation Aids available here: https://healthdata.vermont.gov/ehrip/PY2018/PH **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 following: dated communication from the registry acknowledging registration, testing, the submission of production data, and/or good standing for **your EHR/MU reporting period**, or an email from the registry of your monthly HL7 report with dates that fall within your EHR/MU reporting period. ➢ If an Exclusion was claimed that no immunizations were given during the reporting period, evidence to support this, such as a letter signed by the EP confirming and explaining the reasoning for the exclusion, or an EHR system report showing any immunizations performed but no data collected. **Specialized Registry Active Engagement or Exclusion** ➢ Evidence to support registration, testing, or ongoing submission with a specialized registry. This may include the following: dated communications from the registry acknowledging registration, testing, the submission of production data, and/or confirming good standing for **your EHR/MU reporting period**, or a dated record of the transmission/transaction log. ➢ If an Exclusion was claimed that a 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 signed letter from the provider declaring no membership in any specialty societies during their EHR/MU reporting period, and for NH EPs, a signed 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 dated during the EHR/MU reporting period 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 or other organizations, such as EHR vendors, national specialty or medical societies, patient safety organizations, or quality improvements organizations (e.g. 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 does not have a specialized registry. The New Hampshire Department of Health and Human Services Cancer Registry accepts electronic reporting of cancer case data.** ○ 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 EHR/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.