VT Medicaid Promoting Interoperability Program (PIP)/ EHR Incentive Program (EHRIP) Eligible Professional Audit Tip Sheet

Stage 3 Program Years 2019, 2020, & 2021

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 2020, must be conducted by 12/31/20) **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 and Clinical Data Registry Reporting Active Engagement or Exclusion ➢ Please see the Public Health and Clinical Data Registry Documentation Aids available here by program year: https://healthdata.vermont.gov/ehrip/PY2019/PH https://healthdata.vermont.gov/ehrip/PY2020/PH https://healthdata.vermont.gov/ehrip/PY2021/PH **Public Health Registry** For stage 3 program years 2019, 2020, and 2021, public health registry Active Engagement is an option for anyone affiliated with a national public health agency that endorses or sponsors a registry, and for New Hampshire (NH) providers via the NH State Cancer Registry. The VT Department of Health has not declared readiness to accept public health registry reporting data. **Clinical Data Registry** Clinical Data Registries are administered by, or on behalf of non-public health agency entities. They may be sponsored or maintained by EHR vendors, national specialty or medical societies, patient safety organizations, or quality improvements organizations. ***It is your responsibility to determine if any organizations that you are a member of maintained a registry during your MU attestation period.** ****EPs not in Active Engagement with a Public Health Registry need to consider Active Engagement with TWO clinical data registries.** ➢ Evidence to support registration, testing, or ongoing submission of production data with a 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 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 a public health or clinical data registry, evidence to support this, such as a signed letter from the provider declaring no affiliation with any public health agencies, or declaring no membership in any medical/specialty societies during their EHR/MU reporting period, or explaining why the NH Cancer Registry (NH providers) is not relevant to their scope of practice. ➢ If an Exclusion was claimed that no public health or clinical data registry was capable of accepting electronic transactions at the start of your EHR reporting period, or had declared readiness to receive electronic transactions as of 6 months prior to the start of your EHR reporting period, evidence to support this, such as a dated public health agency or medical society letter/website statement that it does not have a registry, or a signed provider letter stating this. ○ 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 your practice locations, *including all employers*. ➢ For your EHR/MU reporting period, did at least 50% of your encounters occur in a location(s) where certified EHR technology (CEHRT) was being utilized (yes/no)? ○ If yes, then please specify this location(s).
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.