Medicaid Promoting Interoperability

Preparing for a Medicaid PI Program Audit

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Topics

▲ Medicaid Promoting Interoperability (PI) Audit Overview

▲ Notification Process

▲ Review of attestation under audit

▲ Supporting documentation and submission

▲ Communications with auditor
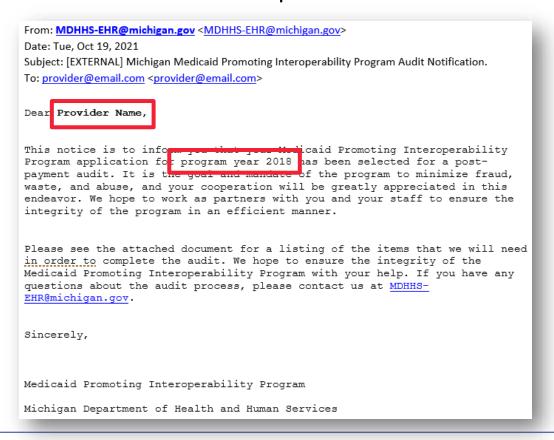
▲ Result notification and determination

▲ Resources

Michigan Medicaid PI Program Audits

▲ Required by the [Medicare and Medicaid EHR Incentive Program final rule](#) of 2010

▲ Conducted directly by Michigan Department of Health and Human Services (MDHHS)

▲ MDHHS audit plan includes both random and targeted audits

▲ Can occur up to 6 years after attestation, through September 2023

▲ Multiple audits are possible
 – More than one provider in a practice for the same year
 – More that one year for the same provider

▲ Result of audit determines if incentives are retained or if they must be paid back

Audit Notification

▲ Notifications are received via email from MDHHS-EHR@Michigan.gov

▲ Sent to email address entered in the provider's federal PI Program registration
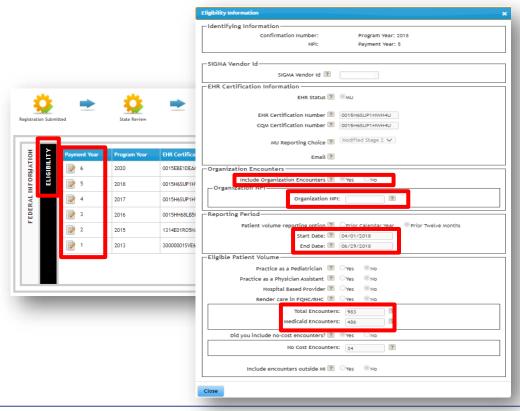
Audit Notification Details

▲ Notification email includes an attachment with additional details

- Deadline by which documentation is due, which is 30 days from date of notification
- Instructions for providing documentation

▲ List of requested support documentation

- Purchase agreement or contract with CEHRT vendor
- Signed attestation statement
- Detailed encounter reports used to determine Medicaid patient volume
- Documentation of provider's physical locations worked
- CEHRT reports used for attestation, objectives and CQMs
- Proof documentation for Yes/No Measures, i.e.: SRA, Clinical Decision Support, Public Health Registries
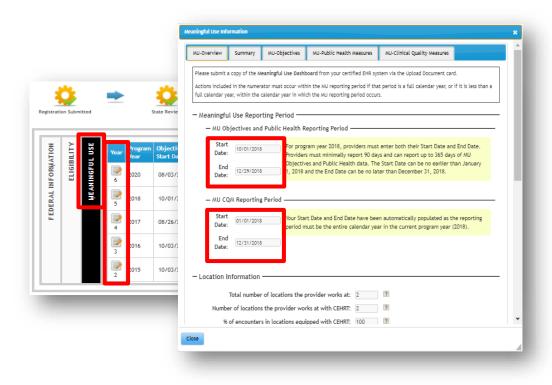- Justification statement(s) for exclusions taken

Preparing to Respond- Review the Submission Under Audit

▲ Review Eligibility tab for encounter information to ensure any submitted reports match

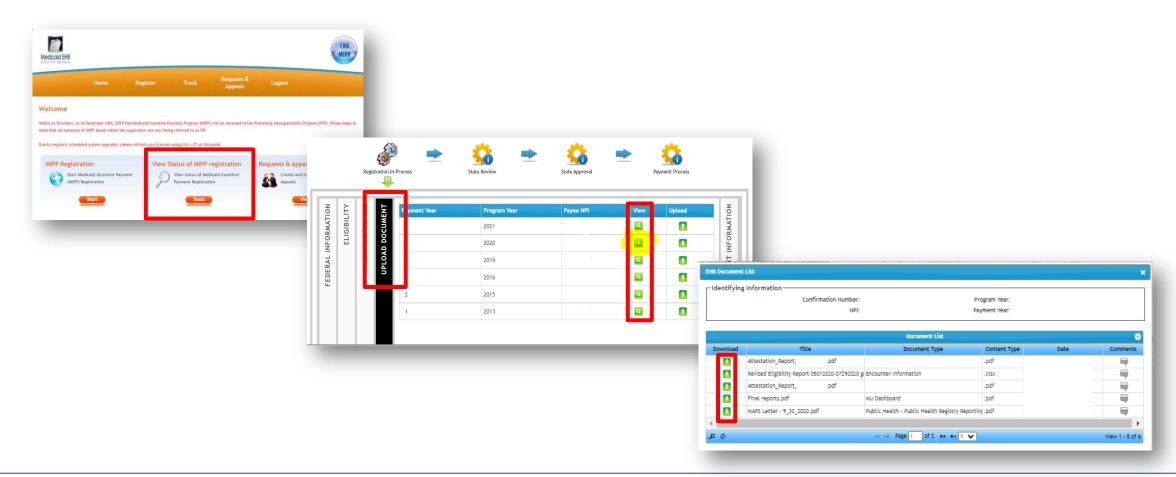▲ Review Meaningful Use Information tab for reporting periods

Preparing to Respond- Review the Submission Under Audit

▲ Download the documents submitted at the time of attestation from EHR MIPP

Preparing to Respond- Supporting Documentation Tips

▲ Create a folder in which to save all documents that will need to be uploaded

▲ Name files in a way that mirrors the audit letter verbiage and/or describes the content

▲ Ensure that all documents are saved as an acceptable file type

.txt	.html	.bmp	.htm	.ps	.zip
.doc	.xml	.dat	.jpe	.rtf	.msg
.pdf	.docx	.eps	.jpeg	.tif	.odt
.xls	.xlsx	.gif	.jpg	.tiff	.wps
.ppt	.bm	.gzip	.prd	.tst	.wpd

▲ Individual files must not exceed 10MB

▲ Identify functionality and dates on screenshots

▲ Redact all patient information, *except* on the eligibility report(s)

Deep dive on supporting documents

▲ CEHRT contract, user agreement, or invoice

▲ Eligibility reports- Medicaid and total patient encounter details as Excel file
 – Minimally it should contain date of service, patient name, second patient identifier (DOB, RID), insurance payor(s), Medicaid designation for Medicaid encounters, provider NPI(s)

▲ Objectives and Measures Report and CQM report
 – Must identify provider name and date range
 – Supporting documentation for any manually calculated measures with explanation of circumstances

▲ Clinical Decision Support interventions and Drug Drug/ Drug Allergy interactions
 – Vendor letter detailing what was enabled for the entire reporting period
 – Screenshots of functionality within CEHRT prior to, during, and after reporting period

Deep dive on supporting documents

▲ Security Risk Analysis (SRA)

– Upload all components, i.e.: Report, questionnaire, and corrective action plan

– When conducted and dates covered

– Risks identified and mitigation steps taken

▲ Public Health and Clinical Data Registry Active Engagement

– Letters from Public Health Registry

– Email/correspondence with Public Health Agency

– Screenshot showing AE status and date

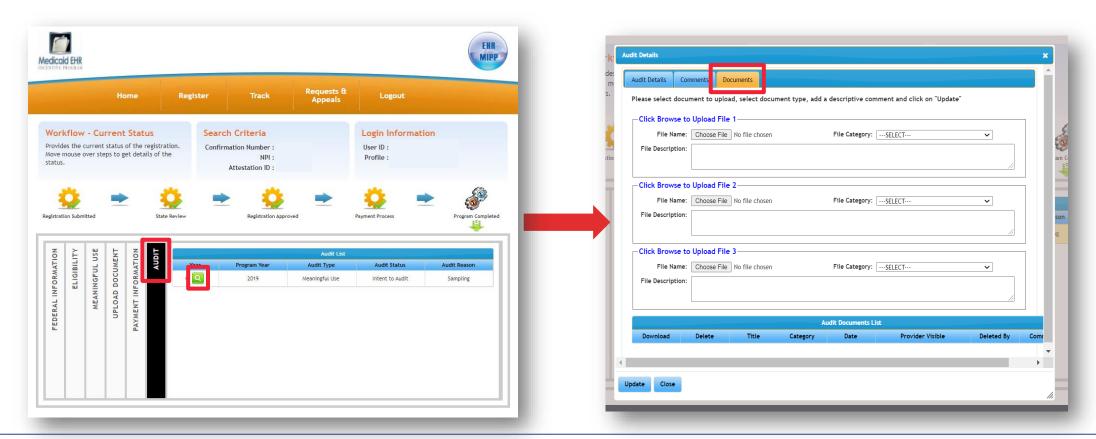– Should show the name of registry, provider/organization, Active engagement date and status

Deep dive on supporting documents

▲ Justification statements for exclusions

- Nothing for numeric measures unless exclusion value is different from the CEHRT report denominator

- Explanation of why provider was not engaged with two Public Health and/or Clinical Data registries

  ▪ Non-immunizing provider

  ▪ Incorrect type for MSSS, could link to limitations on website or spec sheet verbiage

  ▪ Professional society review determined no available registry to engage with

▲ Attestation of supporting documents

- Final page of audit letter

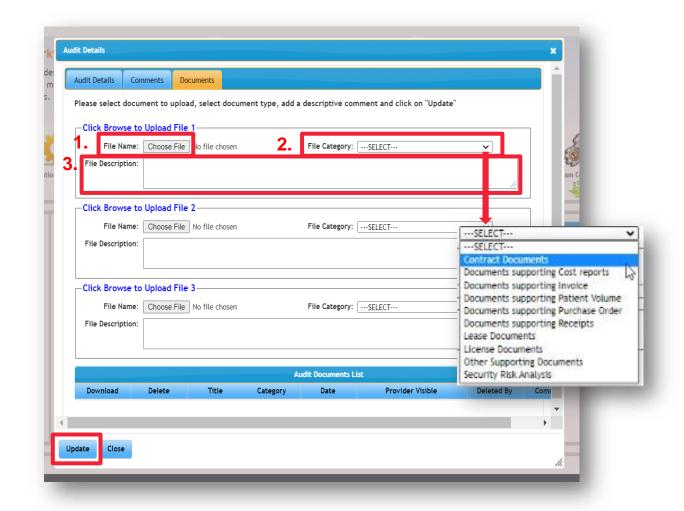- Should be signed and dated

Where and how to upload documentation

▲ All documents need to be uploaded in EHR MIPP> Audit Tab> Audit Details window> Documents tab

Where and how to upload documentation

▲ On the Documents tab:

1. Browse for correct file

2. Select the appropriate file type

3. Enter a file description

▲ Enter up to three documents at once

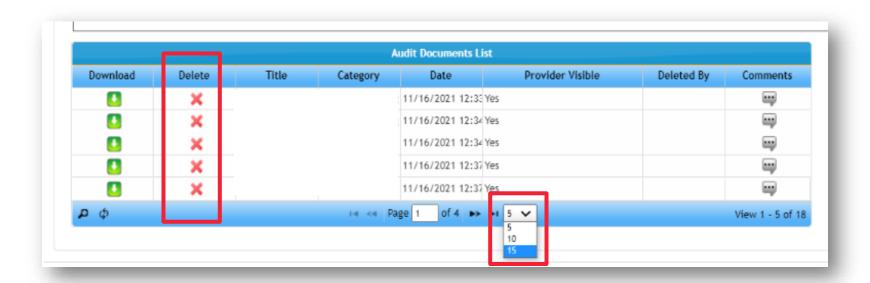 – Select "Update" to upload

  – Repeat until all documents uploaded

Tips for uploading documentation

▲ Upload all documents at the same time, if able

▲ Delete any unintentional or accidental uploads to avoid confusion

▲ Change the number of documents that display per page for easier viewing of completed uploads

When to Communicate with your Auditor

▲ Upon receipt of audit notification email to confirm receipt and intent to respond

▲ To request a deadline extension if necessary

▲ When all documentation has been uploaded to EHR MIPP

▲ Monitor emails for a response; auditor may request additional documentation or seek clarifications
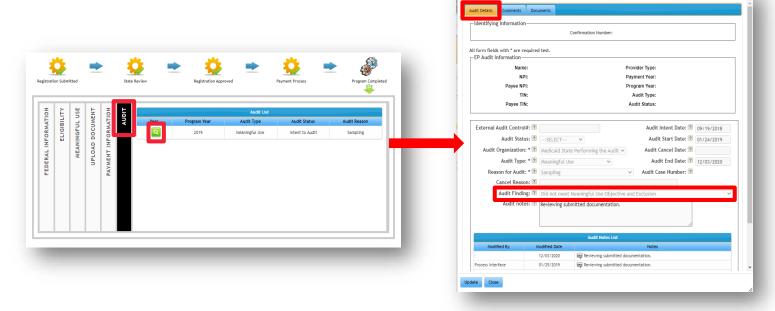
Result notification and determination

▲ Notification is sent via email when a final determination has been made

▲ Email will not include an outcome; this is found in EHR MIPP on the Audit Details window

▲ Incentives for unsatisfactory outcomes will be recouped through adjustments to Medicaid claims payments

Resources and References

▲ [Medicare and Medicaid EHR Incentive Program final rule](#)

▲ [CMS Promoting Interoperability Programs Registration System](#)

▲ [Medicaid Promoting Interoperability Program State Level Registration Guide for Eligible Professionals](#)

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Healthy Hearts for Michigan (HH4M)
The Healthy Hearts for Michigan program can provide rural primary care providers in Michigan with the no-cost tools and assistance needed to better care for patients suffering from Cardiovascular Disease (CVD).

Michigan Sustained Patient-Centered Alcohol-Related Care (MI-SPARC)
MI-SPARC supports primary care practices in Michigan to address unhealthy alcohol use by integrating alcohol screenings, preventive advice, and evidence-based treatment options into clinical workflow.

Reframing Optimal Management of Pain and Opioids in Older Adults (ROMPO)
The ROMPO project is a comprehensive educational program helping providers respond to the unique challenges faced when caring for older (age 60+) patients who have pain.

Questions?

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