



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 than 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](#)

From: MDHHS-EHR@michigan.gov <MDHHS-EHR@michigan.gov>
Date: Tue, Oct 19, 2021
Subject: [EXTERNAL] Michigan Medicaid Promoting Interoperability Program Audit Notification.
To: provider@email.com <provider@email.com>

Dear **Provider Name,**

This notice is to inform you that your Medicaid Promoting Interoperability Program application for program year 2018 has been selected for a post-payment audit. It is the goal and mandate of the program to minimize fraud, waste, and abuse, and your cooperation will be greatly appreciated in this endeavor. We hope to work as partners with you and your staff to ensure the integrity of the program in an efficient manner.

Please see the attached document for a listing of the items that we will need in order to complete the audit. We hope to ensure the integrity of the Medicaid Promoting Interoperability Program with your help. If you have any questions about the audit process, please contact us at MDHHS-EHR@michigan.gov.

Sincerely,

Medicaid Promoting Interoperability Program
Michigan Department of Health and Human Services

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

Eligibility Information

Identifying Information
 Confirmation Number: Program Year: 2018
 NPI: Payment Year: 5

SIGMA Vendor Id
 SIGMA Vendor Id

EHR Certification Information
 EHR Status: MU
 EHR Certification Number: 0015H6SUP1HW4U
 CQM Certification Number: 0015H6SUP1HW4U
 MU Reporting Choice: Modified Stage 2

Organization Encounters
 Include Organization Encounters

Reporting Period
 Patient volume reporting option: Prior Calendar Year
 Start Date: 04/01/2018
 End Date: 06/29/2018

Eligible Patient Volume
 Practice as a Pediatrician: No
 Practice as a Physician Assistant: No
 Hospital Based Provider: No
 Render care in FQHC/RHC: No
 Total Encounters: 982
 Medicaid Encounters: 486
 No Cost Encounters: 34

Meaningful Use Information

MU-Overview Summary MU-Objectives MU-Public Health Measures MU-Clinical Quality Measures

Please submit a copy of the Meaningful Use Dashboard from your certified EHR system via the Upload Document card.
 Actions included in the numerator must occur within the MU reporting period if that period is a full calendar year, or if it is less than a full calendar year, within the calendar year in which the MU reporting period occurs.

Meaningful Use Reporting Period

MU Objectives and Public Health Reporting Period
 Start Date: 10/01/2018
 End Date: 12/29/2018
 For program year 2018, providers must enter both their Start Date and End Date. Providers must minimally report 90 days and can report up to 365 days of MU Objectives and Public Health data. The Start Date can be no earlier than January 1, 2018 and the End Date can be no later than December 31, 2018.

MU CQM Reporting Period
 Start Date: 01/01/2018
 End Date: 12/31/2018
 Your Start Date and End Date have been automatically populated as the reporting period must be the entire calendar year in the current program year (2018).

Location Information
 Total number of locations the provider works at: 2
 Number of locations the provider works at with CEHRT: 2
 % of encounters in locations equipped with CEHRT: 100

Preparing to Respond- Review the Submission Under Audit

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

The screenshot displays the EHR MIPP web application interface. The top navigation bar includes 'Home', 'Register', 'Track', 'Requests & Appeals', and 'Logout'. A 'Welcome' message is visible, along with a 'MIPP Registration' section containing 'Start Medicaid Incentive Payment (MIPP) Registration' and 'View Status of MIPP registration'. The 'View Status of MIPP registration' button is highlighted with a red box.

Below the navigation bar, a process flow diagram shows: Registration In-Process → State Review → State Approval → Payment Process. The 'Registration In-Process' step is highlighted with a red box.

The main content area features a table with columns: Payment Year, Program Year, Payee NPI, View, and Upload. The 'View' column contains magnifying glass icons, and the 'Upload' column contains green plus icons. A red box highlights the 'View' column, and a yellow box highlights one of the magnifying glass icons. A vertical label 'UPLOAD DOCUMENT' is positioned to the left of the table.

An 'EHR Document List' window is open, showing identifying information (Confirmation Number, NPI, Program Year, Payment Year) and a table of documents. The 'Download' column of this table contains green download icons, with one icon highlighted by a red box.

Download	Title	Document Type	Content Type	Date	Comments
	Attestation_Report_ .pdf		.pdf		
	Revised Eligibility Report 05012020-07292020 g	Encounter Information	.xlsx		
	Attestation_Report_ .pdf		.pdf		
	Final reports.pdf	MU Dashboard	.pdf		
	MAPS Letter - 9_30_2020.pdf	Public Health - Public Health Registry Reporting	.pdf		

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

The screenshot shows the Medicaid EHR Incentive Program (MIPP) home page. The navigation menu includes Home, Register, Track, Requests & Appeals, and Logout. The main content area is divided into three sections: Workflow - Current Status, Search Criteria, and Login Information. Below these is a progress bar showing the registration process from submission to completion. The 'AUDIT' tab is highlighted in the left sidebar, and a search icon is highlighted in the 'Audit List' table.

Year	Program Year	Audit Type	Audit Status	Audit Reason
2019	2019	Meaningful Use	Intent to Audit	Sampling



The screenshot shows the 'Audit Details' window with the 'Documents' tab selected. The window contains three file upload sections, each with a 'Choose File' button and a 'File Category' dropdown. Below the upload sections is an 'Audit Documents List' table with columns for Download, Delete, Title, Category, Date, Provider Visible, Deleted By, and Comments. At the bottom of the window are 'Update' and 'Close' buttons.

Download	Delete	Title	Category	Date	Provider Visible	Deleted By	Com
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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

Audit Details

Audit Details | Comments | Documents

Please select document to upload, select document type, add a descriptive comment and click on "Update"

Click Browse to Upload File 1

1. File Name: Choose File No file chosen 2. File Category: ---SELECT--- 3. File Description:

Click Browse to Upload File 2

File Name: Choose File No file chosen File Category: ---SELECT---

File Description:

Click Browse to Upload File 3

File Name: Choose File No file chosen File Category: ---SELECT---

File Description:

Audit Documents List

Download	Delete	Title	Category	Date	Provider Visible	Deleted By	Comi
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Update Close

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

The screenshot shows a table titled "Audit Documents List" with the following columns: Download, Delete, Title, Category, Date, Provider Visible, Deleted By, and Comments. The "Delete" column contains red 'X' icons. A red box highlights the "Delete" column. Another red box highlights a pagination dropdown menu at the bottom right of the table, which is currently set to 5 and has options for 5, 10, and 15. The table also shows a page indicator "Page 1 of 4" and "View 1 - 5 of 18".

Download	Delete	Title	Category	Date	Provider Visible	Deleted By	Comments
				11/16/2021 12:33	Yes		
				11/16/2021 12:34	Yes		
				11/16/2021 12:34	Yes		
				11/16/2021 12:37	Yes		
				11/16/2021 12:37	Yes		

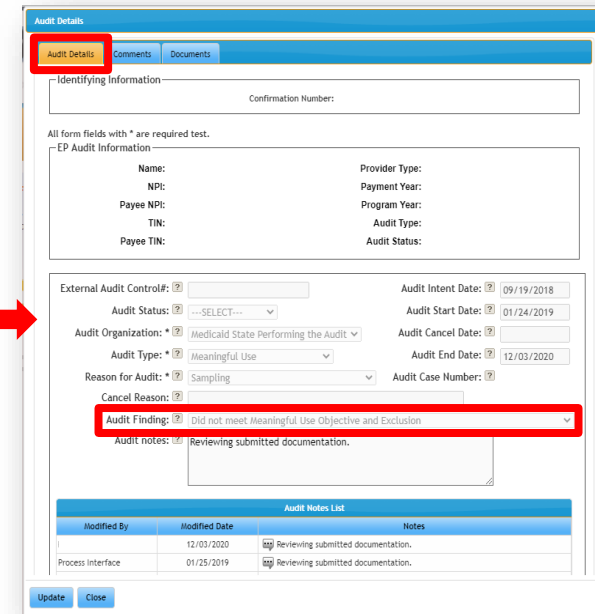
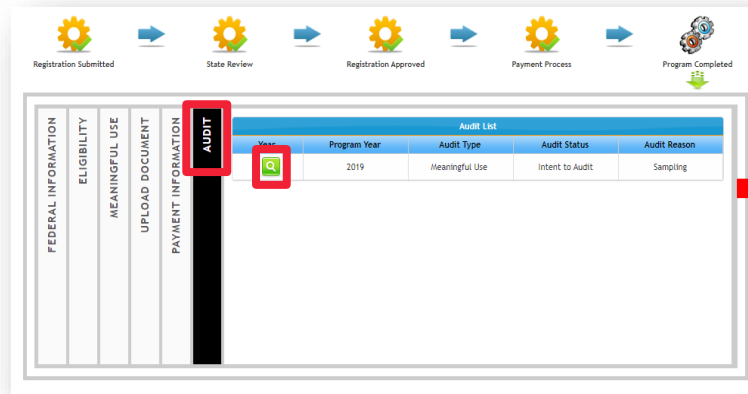
When to Communicate with your Auditor

- ▲ 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?

www.mceita.org

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