Medicaid EHR Audits

It may be alarming to receive a letter from the Division of Medical Services (DMS) Electronic Health Record (EHR) Unit that begins with: “Please be advised the Electronic Health Records Unit intends to perform a desk audit …” The DMS EHR Unit, a branch of the Arkansas Department of Human Services (DHS), is responsible for conducting Medicaid EHR audits, also called “reviews.”

States participating in the EHR incentive program are federally required to be responsible for detecting improper payments to combat fraud, waste and abuse. The audit requirements are in accordance with Section 1903(t) (9) of the Social Security Act, in addition to Part 42 Code of Federal Regulations (CFR) 495.332 and 9e) and 495.368 of the regulations.

The DMS EHR Unit currently conducts desk audit reviews of attestations submitted two years earlier. However, DMS may review attestations performed as far back as six years. That is why eligible professionals (EPs) have been instructed since the inception of the program to retain all Meaningful Use (MU) attestation documentation for six years.

The DMS EHR Unit conducts desk audit reviews of attestations related to adoption, implementation and/or upgrade (AIU) of certified EHR technology (CEHRT) and Meaningful Use. The supporting documentation DMS requests from the EP or practice will depend on the type of attestation they are reviewing.

For AIU attestations, DMS recently requested the following:

- Supporting documentation for the version of CEHRT that was AIU, and
- Patient volume (PV) calculation reports formatted as specified in the audit/review letter

For MU attestations, DMS recently requested the following:

- PV calculation reports formatted as specified in the letter
- Copies of MU reports (dashboard reports) supporting the measures (numerators and denominators) that were entered during attestation
- Documentation to support any exclusions applied to a MU measure
- Evidence of active engagement with the public health registry
- Evidence that a HIPAA security risk analysis was performed
- Screenshots, system generated reports, logs, diagrams, etc., from CEHRT that verify the functionality of CEHRT used during the EHR reporting period

It is important to send DMS exactly what is requested within the specified time frame. The DMS EHR Unit will make a series of attempts to contact providers who are selected for audit. The first notification letter from DMS requests that supporting documentation be submitted within 30 days. If DMS does not receive a response from a provider, another attempt to contact the provider is made by letter, email and/or by phone. It includes notification that the provider has seven days to submit the requested documentation. If DMS is not able to establish contact with the provider, DMS may contact HealthIT for assistance.

If DMS receives insufficient documentation from a provider and DMS asks HealthIT to assist the provider with assembling the proper documentation, the provider will be sent notification by mail asking that the requested documentation be submitted within seven days.
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(CONTINUED)

Historically, issues that have created challenges for Medicaid EPs undergoing an EHR audit have included:

- Letters returned to DMS as “undeliverable” due to staff changes within the practice. Practices should ensure that the primary EHR contact is updated with the Arkansas Incentive Payment Team (AIPT) when there is a change. Contact AIPT for instructions on how to manually upload an “update” document into MAPIR.
- Inability to locate attestation documentation due to either staff changes (new staff do not know where the documentation is), the retirement of IT hardware containing the digital attestation files or relocation of the practice.
- Inability to generate reports because the practice has “ripped-and-replaced” CEHRT and the replaced CEHRT has the information needed in “read only” capability.
- Use of an outside billing agency whose billing software faces challenges with providing the required patient volume reports.

These issues illustrate why eligible professionals are strongly advised to retain supporting documentation for all attestations in a format acceptable to DMS and in a location known to the practice’s EHR lead contact person.

The worst case scenario occurs when a practice is unable to find or assemble the required documentation to support the attestation and is issued an “adverse finding” determination. When this occurs, DMS has no choice but to recover the incentive payment. If the provider requests mitigation of the adverse finding, he or she may do so by filing for either Administration Reconsideration or Administrative Appeal, as outlined in Sections 161.200 and 161.400 of the Medicaid Provider Manual, located here: https://medicaid.mmis.arkansas.gov/provider/docs/docs.aspx

When you receive a letter from the DMS EHR Unit regarding a desk audit, we recommend that your first step is to contact AFMC HealthIT at 501-212-8616 or healthit@afmc.org. HealthIT will assist you with submitting the proper documentation to DMS within the specified time frame.

OTHER TYPES OF AUDITS

Medicaid professionals who participate in other health care initiatives need to be aware of the potential for future audits under those initiatives. For example, eligible clinicians participating in the Medicare Quality Payment Program need to retain reporting and attestation documentation for 10 years.

It is vital for practices to address the audit documentation requirements for each initiative and plan for document retention for the required number of years. Practices should also retain knowledge of their location when there are changes in staff, IT or other organizational changes.

Additionally, the Office of Civil Rights has conducted desk audits of Arkansas practices to assess their compliance with HIPAA rules and regulations. AFMC HealthIT offers an annual HIPAA Security Risk Assessment for health care organizations. AFMC can help your organization take steps toward meeting program requirements that safeguard patients’ “protected health information” (PHI).

AFMC HealthIT has a contract with DMS to provide no-cost MU assistance to Medicaid EPs who can potentially earn incentives of $8,500 per professional, per year. Don’t miss out! Contact AFMC HealthIT today at 501-212-8616 or healthit@afmc.org.