



AUDIT

Meaningful Use Attestation Audit Guide

How to document your attestation and prepare for an audit

IMPORTANT: This guide is provided by MaximEyes by First Insight for informational purposes only. Each provider is responsible for achieving meaningful use, retaining support documentation, and providing proof that they have complied to CMS.

The Centers for Medicare and Medicaid Services (CMS) have been increasing the number of attestation audits for providers who received EHR incentives, to ensure providers met meaningful use requirements. CMS will conduct two types of audits: post-payment and pre-payment. This guide will help you prepare documentation for meaningful use audits that are prior to reporting year 2017.

It's very important that providers retain all documentation to support attestation data for meaningful use and Clinical Quality Measures (CQMs) for six years post-attestation. This is the sole responsibility of the provider to retain documentation in their records.

What to expect when you are audited

When a provider is audited, the provider will receive an email from the CMS contracted company, Figliozi & Company. This email will be sent to the email that the provider supplied to CMS at the time the provider registered for the EHR Incentive Program. The provider will receive a letter and document request form, which must be completed and returned by the date provided. Please note that returning the document request form by the due date is very important. Providers typically have two weeks to submit their documentation.

CMS document request form

The document request form is split into three parts, with a total of five separate questions. Be aware that this list may not be all-inclusive and that CMS may request additional information necessary to complete the audit.

WARNING: File submissions must be separated and labeled by the item numbers when you submit them for the audit.

The sample "Items" listed in this document are based on a request form for a Modified Stage 2 (2016) pre-payment audit.

Item 1: Request a certification verification letter from your EHR vendor

PART I - GENERAL INFORMATION	
1	As proof of possession of a Certified Electronic Health Record Technology system, provide a copy of your licensing agreement with the vendor or invoices. Please ensure that the licensing agreements or invoices are for the product and version of the Certified Electronic Health Record Technology system utilized during your attestation period.

IMPORTANT: Once you receive the audit notification from CMS, contact your EHR vendor immediately. Provide the following information to the EHR vendor and ask them to send you a certification letter for the provider once the information is verified.

- Providers(s) who are being audited.
- What stage and the year of the audit.
- Date range of the attestation.
- Certified Electronic Health Record Technology (CEHRT) ID used when the provider attested. The CEHRT number used can be found on the CMS attestation website after the provider logs in.

Item 2: Provide a response to questions

- At how many offices or other outpatient facilities do you see your patients?
- Please list each office or other outpatient facility where you see patients and indicate whether or not you utilize Certified Electronic Health Record Technology (CEHRT) in each office or other outpatient facility.
- If you utilize more than one office or other outpatient facility, could you please supply documentation which proves that 50% or more of your patient encounters during the EHR reporting period have been seen in offices or outpatient facilities where you utilize a CEHRT system?

2	Please provide a response to the following questions:	
	a. At how many offices or other outpatient facilities do you see your patients?	
	b. Please list each office or other outpatient facility where you see patients and indicate whether or not you utilize Certified Electronic Health Record Technology (CEHRT) in each office or other outpatient facility.	
	<u>Office or Other Outpatient Facility</u>	<u>Utilize CEHRT?</u>
		<u>Yes</u> <u>No</u>
	1.	
	2.	
	3.	
	c. If you utilize more than one office or other outpatient facility, could you please supply documentation which proves that 50% or more of your patient encounters during the EHR reporting period have been seen in offices or outpatient facilities where you utilize a CEHRT system?	
	d. Do you maintain any patient medical records outside of your CEHRT system?	
	e. If yes, please supply documentation which proves that more than 80% of the medical records of unique patients seen during the attestation period are maintained in a CEHRT system at each office or other outpatient facility where a CEHRT system is being used.	

- Do you maintain any patient medical records outside of your CEHRT system?
- If yes, please supply documentation which provides that more than 80% of the medical records of unique patients seen during the attestation period are maintained in a CEHRT system at each office or other outpatient facility where a CEHRT system is being used.

Item 3: Provide proof a security risk analysis was performed

PART II - OBJECTIVES	
3	For <u>Measure #1- Protect Patient Health Information</u> , provide proof that a security risk analysis of the Certified EHR Technology was performed no earlier than the start of the reporting year and no later than the date of attestation (i.e. report which documents the procedures performed during the analysis and the results of the analysis). If deficiencies are identified in this analysis, please supply the implementation plan; this plan should include the completion dates.

- For Measure #1, Protect Patient Health Information, the provider must provide proof that a security risk analysis was performed for the reporting period. Attach the completed security risk analysis for the reporting period.
- This must be completed within the reporting period to qualify and must be done again for each reporting period.

Item 4: Provide proof of automated measures report

4	<p>For Measures #3, 4, 5, 6, 7, 8, and 9, provide the supporting documentation (in either paper or electronic format) used in the completion of the Attestation Module responses (i.e. a report from your EHR system that ties to your attestation). This documentation should include the numerator and denominator for each measure as well as a date range and the EP's name or NPI.</p> <p>If you are providing a summary report from your EHR system as support for your numerators/denominators, please ensure that we can identify that the report has actually been generated by your EHR (i.e. your EHR logo is displayed on the report, or step by step screenshots which demonstrate how the report is generated by your EHR are provided.)</p>
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- Provide a copy of the provider(s) printed automated measures report for the reporting period. This report should have been printed and/or saved at the time of attestation from your EHR.
- Provide supporting documentation on how this report was attained within your EHR, if the report you have saved and/or printed does not show your EHR vendor's logo.
- Consider using the [Windows Snipping Tool](#) to take screenshots that you can place in a Microsoft® Word document and save it as a PDF, which you will submit along with the report.

Item 5: Provide proof of automated measures report

5	<p>For Y/N <u>Measure #10- Public Health Reporting</u>, please supply supporting documentation:</p> <p>EPs scheduled to be in Stage 1 or Stage 2: Must attest to at least 2 measures from the Public Health Reporting Objective Measures 1-3.</p>
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- Item 5 is essentially the same as item 4, which requires you to provide proof using the automated measures report.
- Refer to item 4 for more information.

Measure 10: Exclusions and sample letter

Please Note- While there are exclusions provided for Measure #10- Public Health Reporting:

An exclusion for a measure does not count toward the total of two measures. If an EP excludes from a measure, they must meet or exclude from the remaining measures in order to meet the objective.

Additionally, documentation must be supplied to support any exclusions claimed.

- If an exclusion was claimed on any of the Public Health Reporting measures, a letter of documentation must be supplied to support the exclusion.
- An example letter is listed below, which documents why the provider chose to exclude from all three measures in 2016. This letter will need to be modified on a per office basis depending on the measures excluded. The letter must include the provider's signature.

[DATE]

2020 Eye Center
Jane Doe, O.D.
3 Park Ave
Hillsboro, OR 97124

Re: Measure #10: Immunization Registries, Syndromic Surveillance and Specialized Registry
MU Audit

To Whom It May Concern,

For Immunization Registries, the exclusion was taken due to the provider not administering any immunizations to patients during the reporting period [DATE] through [DATE].

For Syndromic Surveillance, the exclusion was taken due to the provider in a category of providers from which ambulatory syndromic surveillance data is not collected by their jurisdiction's syndromic surveillance system.

For Specialized Registry, the alternate exclusion was taken as we did not anticipate adding additional technologies during the reporting period.

Sincerely,

Jane Doe, O.D

Incentive program and industry resources

For more information, check out the [Audits for Meaningful Use/Advancing Care Information](#) on the American Academy of Ophthalmology website or click a link below for specific resources.

- ▶ [How to Attest to Advancing Care Information \(AAO\)](#)
- ▶ [Sample Audit Document Request – Excel Document \(AAO\)](#)
- ▶ [EHR Incentive Programs Supporting Documentation for Audits \(CMS.gov\)](#)
- ▶ [EHR Incentive Programs Audits Overview \(CMS.gov\)](#)
- ▶ [Vital Signs Exclusion Justification \(AAO\)](#)
- ▶ [Immunization Exclusion Template \(AAO\)](#)
- ▶ [Audit Appeal Filing Request Basic Information Form \(CMS.gov\)](#)
- ▶ [Top 10 Security Risk Analysis Myths Dispelled \(healthit.gov\)](#)
- ▶ [Integrating Privacy and Security into Your Practice \(healthit.gov\)](#)
- ▶ [Guide to the Privacy and Security of Health Information \(healthit.gov\)](#)

MaximEyes EHR simplifies incentive program compliance

MaximEyes EHR is MACRA and MIPS ready ([read blog](#)). Our embedded Merit-Based Incentive Payment System (MIPS) calculators, measure indicators and automated reporting within MaximEyes EHR helps optometrists and ophthalmologists comply with MACRA reporting requirements. This is just one way we're helping our customers keep their practices in check. We're committed to ensuring our products comply with new certification and clinical standards, so you can participate in quality reporting and incentive programs.

When you invest in MaximEyes EHR your relationship with us is just the beginning. We'll get your eye care practice up and running quickly without compromising patient care. In fact, we think the legwork is so important, we're happy to provide you with a [free practice analysis](#) to help you create a plan of action and determine your potential return on investment.

Schedule MaximEyes EHR Demo: 800.920.1940, ext. 6969

Email: sales@first-insight.com