

In late 2012 Dr. Andy Pasternak, a family practice physician with Silver Sage Center for Family Medicine in Reno, Nevada received notice that his office had been selected for a Medicare EHR Incentive Program Audit. He was among the first physicians in Nevada to receive this notice. The months that followed were a learning experience for everyone involved.

The lessons learned from Dr. Pasternak's audit experience are valuable for all physicians going through an EHR Incentive Program Audit no matter what program, Medicare or Medicaid. Below is a Q&A from Dr. Pasternak about his experience.

An EHR Incentive Program Audit Question and Answer

Q: Why did you get picked for an audit?

A: In 2011, with the help of *HealthInsight* and our EHR vendor, e-MDs, our office was one of the first offices in the state of Nevada to attest to the Medicare stage 1 meaningful use criteria. We started our attestation period in February 2011 and wrapped up our 90 day period in May. In talking with the auditors, since we were one of the first practices to attest, we were also one of the first practices in the pool to be randomly picked for an audit.

Q: How many practices are going to have to go through this?

A: According to recent interviews with Robert Anthony, the deputy director of CMS's Health IT Initiatives Group, CMS is planning on auditing about 5% of all meaningful use participants. Going forward, CMS will conduct both prepayment and post payment audits. The majority of the audits are being done by sending the requesting information to the CMS auditors Figliozzi & Co although there may be a few "in-person" audits.

Q: What kind of timeline do the auditors provide for response?

A: For our office, the total time from the first request for information to passing the audit was about six months. The turnaround time for providing the requested information to the auditors was usually about three weeks. It's do-able but it's a pretty tight timeline. With the initial request for audit information in November 2012, we needed to upload all of the information to the auditor's website. About one month later, we received a request for additional information with a similar time frame to get our information together and we could either fax or e-mail that information. Finally in May 2013, we were asked to submit a few more clarifying documents and were told we passed our audit a few days later.

Q: What was the most difficult part of the audit?

A: There were many. First off, the audit process was new to us, *HealthInsight* and e-MDs. Nobody exactly knew what CMS and the auditors wanted. For criteria where we could run a discrete report, the process was quite straightforward. Oddly enough many of the "Yes/No" criteria, which we initially thought would be the easiest, ended up being the highest hurdles. We felt like we had to try and prove a negative to the auditors in many cases. I'd challenge providers to think about how you would

demonstrate to an auditor that you don't have any patient records not in your EHR system or that your drug-drug interactions weren't turned off during the period of attestation. Additionally, the data security risk assessment was an area where we were worried that what our IT specialist had done might not live up to what the auditors wanted to see. According to CMS, the data security risk assessment has been one of the largest areas where they have found non-compliance. Finally, since it was about 18 months from our initial attestation to the audit, it was difficult to go back in time and explain to the auditors why things were different. For example, due to clarifications on the meaningful use criteria and software upgrades, many of our MU reports look different now compared to when we ran them at the time of attestation. As a result all of these issues, my office manager and I spent a considerable amount of time gathering the requested information or trying to figure out how to prove some of these negatives.

Q: What helped you with the audit?

A: Because we are a small 3 provider office, we can sometimes feel isolated, especially in the light of a CMS audit. Fortunately, we had incredible support from HealthInsight, e-MDs and our IT specialist, Josh Latimer. When we initially attested, Eileen Colen at HealthInsight helped us organize our documentation on our "reportable" criteria. This really made portions of the audit much easier. She was also incredibly valuable during the audit process as someone to help figure out how to answer some of the auditor's requests. E-MDs designated a few key contact people to assist offices specifically with the audit process. Being able to pick up the phone and talk to the same person through the process helped streamline many of our solutions. Since both HealthInsight and e-MDs had been working with other providers who had been audited, we were grateful that they shared those experience and knowledge with us. Finally, believe it or not, the auditors at Figlioizzi and Co were very receptive to our clarifying questions, got back with answers promptly and were professional and pleasant during the entire process.

Q: What will you do differently in the future?

A: As we attest for meaningful use in the future, we will definitely continue to print a hard copy of all of our reports and keep them in a secure place. We're also considering scanning them to a secure site as a backup. For many of the "yes/no" criteria, we're planning on doing many, many more screen shots during our attestation period that are date/time stamped to help prove that certain functionalities were working. When it comes to choosing menu items, I'm more inclined to pick items where we can generate specific reports as opposed to the "yes/no" items that may be more difficult to prove in an audit. Also, we're emphasizing the importance of "clicking the box" with our providers. It may not be the best place for medicine to be headed but one click could be the 0.01% difference that gets your office above the threshold (and remember, the thresholds need to be ABOVE 50%, not AT 50%). In general, we're now trying to look at our data like an outside auditor might look at our data.