Medicaid EHR Incentive Program Eligible Professional (EP) Audit Tip Sheet

EPs that receive a Medicaid Electronic Health Record (EHR) Program incentive payment through the Florida Agency for Health Care Administration (AHCA) may be subject to a post payment audit. EPs should prepare for an audit is at the time of attestation. Below are some helpful tips for audit preparation.

Process	Tip
Audit Documentation	- EPs should retain relevant supporting documentation (in either paper or electronic format) used in the completion of its Medicaid EHR Incentive Program application. - EPs should maintain detailed support for the patient volume and all measures. - EPs should retain documentation for six years post-attestation.
Audit Selection	- Auditees are randomly selected from various stages of program participation. - EPs from the same group may be selected for audit.
Audit Notifications	- Auditees will be notified by AHCA via email once selected. - Auditees will be notified by the Auditor after the initial notification from AHCA. - Auditees should correspond with the Auditor regarding the status of the audit once the Auditor sends the notification.
Information Request	- The Auditor's notification will include a document request list that will be used to validate program eligibility and volume as well as Meaningful Use (MU) attestation. - The information request list will include a patient-level detail volume report. The report should support the numbers in your attestation (numerator <u>and</u> denominator). - A crosswalk list of insurers included in the attested numerator must be included if Medicaid HMOs were included in the attested numerator. - AHCA recommends for EPs to run and maintain a detailed patient volume report at time of attestation to support qualification. - The MU dashboard alone is not sufficient to support that MU measures were met. - The screenshots are required to demonstrate system capability to meet MU measures attested to in the application. - The screenshots should reflect information for a patient seen during the EHR reporting period. - A report of unique patients seen during the EHR reporting period will be required. - Screenshots may be requested for specific patients seen during the MU time period. - The Auditee should comply with the following related to the documentation request: - Information should be transferred securely via the Florida Health Information Exchange's Direct Messaging service or on an encrypted flash drive. Visit https://www.florida-hie.net/DM/index.html for information on Direct Messaging. - Information should be provided to the Auditor in a timely manner. - Information should be clearly labeled and organized.
Reminders	- EPs should review the CMS Specification Sheets released for Meaningful Use Measures for each program year and refer to them throughout the year for any changes. Program requirements can be found at https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Basics.html. - Medicaid encounters are defined as services rendered on any one day to an individual enrolled in a Medicaid program. It is not required that the encounter be paid in order to include it in Medicaid volume determination.