Medicaid Promoting Interoperability Program
Memo on: Audit Preparedness
Prepared by: T.J. Foley, Manager

- Who are we?
    - CPA firm that specializes in governmental clients
    - Contracted by Department Health Care Finance (DHCF) to conduct post payment procedures related to Medicaid Promoting Interoperability incentive payments.
- What is the goal of the post payment procedures?
    - The goal of the post payment procedures is to ensure the provider is in **compliance** with the program requirements – the goal is **NOT** to recoup incentive payments!
- Post Payment Procedures Process
    - A notification letter will be sent to the provider/hospital contact that includes the documentation request and the who/what/when/where of the process.
    - Myers and Stauffer will review the documentation that has been previously uploaded to the SLR and make follow-up requests as necessary. Additional documentation will be submitted securely through a Secure File Transfer Protocol Site (SFTP).
    - After results are reviewed and approved by DHCF, a findings letter will be sent to the provider/practice with the results and directions on how to appeal any adverse findings.
- What Kinds of Documentation Must I Submit?
    - Patient Volume - Medicaid Patient Volume
        - Patient Name or Unique Identifier, Date of Service, Insurance Type at Date of Service, Provider Name, Include Query Parameters of Report
    - Meaningful Use – Percentage Based Measures
        - A dashboard report from the CEHRT, ensuring that the following requirements are shown on the report:
            - Provider Name, Correct Reporting Period, Ties to Attestation
        - If the provider meets an exclusion for a percentage-based measure, appropriate documentation should be submitted.
        - If you have data from multiple CEHRT locations, add data together and submit CEHRT reports from each location.
    - Meaningful Use – Clinical Quality Measures
        - A dashboard report from the CEHRT, ensuring that the following requirements are shown on the report:
            - Provider Name, Correct Reporting Period, Contains Required Number of CQMs
    - Meaningful Use – Yes/No Measures
        - Documentation should include screen shots from the CEHRT or vendor letters to support the applicable functionalities were enabled or the actions required were performed. Documents are checked for the following requirements:
            - Provider/Practice Name, Legible and Demonstrates Requirement, Dated Appropriately
        - Security Risk Analysis
            - Your security risk analysis should be documented in a final report format and dated appropriately for the program year.
- Audit Do's and Don'ts
    - Do's
        - Ensure you meet requirements before attesting, keep copies of your documentation, maintain back up copies if you change systems, communicate regularly with Myers and Stauffer, transmit PHI securely, meet deadlines as requested.
    - Don'ts
        - Ignore the notification letter, fail to meet deadlines as requested, discard supporting documentation prior to 6-year retention period, falsify documentation.