Tips for Eligible Professionals Selected for a Post-payment Review of the Georgia Medicaid Electronic Health Record (EHR) Incentive Program Payment.

Why is the State conducting audits of the Georgia Medicaid EHR Incentive Program payments?

Section 1903(t)(2) of the HITECH Act states that all Eligible Professionals need to meet certain patient volume thresholds in order to be eligible for incentive payments. The *Medicare and Medicaid Program Electronic Health Record Incentive Program Final Rule* issued by the Department of Health and Human Services Centers for Medicare and Medicaid Services (CMS) explains that States are responsible for auditing the program and must have reliable sources of data. Because the Georgia Department of Community Health is accountable to CMS for the incentive payments made, we are conducting reviews of some incentive payments. It is possible that you might be selected for a review for any installment of the incentive payments.

What can I expect if I am selected for a desk review or on-site review?

You will receive a notification letter that will indicate if the review will be completed as a desk review or an on-site review by our contractor, Myers and Stauffer LC. You can also expect to be contacted by e-mail and/or phone by Myers and Stauffer. The letter will list the initial documentation needed to complete the review. Providing the documentation in a secure electronic format is preferable to paper documents. Depending on the information provided, Myers and Stauffer may request additional information. In the event that Myers and Stauffer determines the information to which you attested was not in accordance with the Final Rule or does not support the minimum eligibility threshold, Myers and Stauffer will work with you to try to identify an eligibility period for which you can provide documentation that supports the minimum eligibility threshold using appropriate calculation methods. Failure to document eligibility or failure to cooperate with Myers and Stauffer may result in recoupment of the incentive payment. DCH will notify you of the results of the review. Any payment adjustments will be reflected in the next incentive payment you receive. If you do not agree with the results you may appeal the decision in accordance with our appeals process described in our Policies and Procedures, Part I which can be accessed at www.dch.ga.gov

What should I be able to document?

All information under attestation is subject to audit. This documentation should be readily available because it was needed for attestation. At a minimum, the detailed information to validate eligibility should include patient name, Medicaid member ID, if applicable, date of service, payer source, and servicing physician. Information that you attested to includes:

- Numerator: A detailed list of Medicaid encounters during your selected 90-day period for which Medicaid paid an amount greater than zero.
- Denominator: A detailed list of all encounters (the numerator should be an identifiable sub-set of the denominator) that occurred during the 90-day period.
- Locations: If encounter volume to which you attested is for more than one location the review will include all locations included in the attestation.
- Group Proxy: If your attestation utilized the group proxy methodology, Myers and Stauffer will need to verify all providers with the group during your selected 90-day period. It may be necessary to review personnel or other records to validate the group proxy was calculated using encounters from all providers and was not limited in any way.

Will DCH be conducting audits of Meaningful Use Measures and Clinical Quality Measures?

Yes. It is important for you to maintain detailed documentation supporting your eligibility and meaningful use attestations. This documentation includes the information listed above for eligibility plus the detailed list of encounters that make up all meaningful use and clinical quality measures numerators and denominators to which you attested. You must also maintain documentation supporting exclusions, and "yes"/"no" attestations.